

MMWR

Morbidity and Mortality Weekly Report

Weekly

May 4, 2007 / Vol. 56 / No. 17

Vulvar Vaccinia Infection After Sexual Contact with a Military Smallpox Vaccinee — Alaska, 2006

On October 10, 2006, an otherwise healthy woman visited a public health clinic in Alaska after vaginal tears that she had first experienced 10 days before became increasingly painful. The patient reported having a new male sex partner during September 22-October 1, 2006. A viral swab specimen from a labial lesion of the woman was submitted to the Alaska State Virology Laboratory (ASVL) for viral culture. The viral isolate could not be identified initially and subsequently was sent to CDC on January 9, 2007, where the isolate was identified as a vaccine-strain vaccinia virus. After vaccinia was identified, investigators interviewed the woman more closely and learned that her new sex partner was a male U.S. military service member stationed at a local military base. Further investigation determined that the service member had been vaccinated for smallpox 3 days before beginning his relationship with the woman. This report describes the clinical evaluation of the woman and laboratory testing performed to identify the isolate. Health-care providers should be aware of the possibility of vaccinia infection in persons with clinically compatible genital lesions who have had recent contact with smallpox vaccinees.

Clinical Description

At the public health clinic on October 10, the woman told health-care providers that her partner consistently wore condoms during sex; however, a condom broke during vaginal intercourse on October 1. The two had no further contact after October 1. The patient told health-care providers she did not recall seeing penile ulcers or other unusual skin lesions on her partner. She had no history of genital ulcers or sexually transmitted infections and said that her vaginal tears did not result from sexual violence or abuse. She reported testing negative for human immunodeficiency virus approximately 3 months earlier. She had no fever, itching, or dysuria.

Clinical examination revealed two shallow ulcerations, one measuring 5 mm on the upper left labia minora and the other measuring 3 mm on the lower right labia minora, mild bilateral labial erythema and induration, and vaginal discharge. No inguinal lymphadenopathy was noted, and examination findings were normal for the cervix, uterus, adnexa, and anus. Tests for gonorrhea and Chlamydia trachomatis infection were negative; serologic tests for syphilis and hepatitis B virus were not performed. A viral swab specimen from the left labial lesion was submitted to ASVL for culture for possible herpes virus infection. A primary diagnosis of sexually transmitted infection was made but was not further characterized, and no specific treatment was administered pending viral culture results. A secondary diagnosis of vulvovaginal candidiasis was made, and the patient was treated with an over-the-counter medication.

After 2 days of increased redness, swelling, and burning of the labia minora, the woman returned to the clinic on October 12. The evaluating health-care provider diagnosed cellulitis, discontinued the over-the-counter preparation, and prescribed a 7-day course of oral cephalexin (500 mg by mouth, twice a day). No specimens were collected during the second clinic visit. The patient's labial redness, induration, and pain resolved, and the ulcers healed completely by October 19.

INSIDE

- 420 Prevalence of Actions to Control High Blood Pressure 20 States, 2005
- 423 Projected State-Specific Increases in Self-Reported Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitations United States, 2005–2030
- 426 Notices to Readers

The MMWR series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2007;56:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH Director

> Tanja Popovic, MD, PhD Chief Science Officer

James W. Stephens, PhD (Acting) Associate Director for Science

Steven L. Solomon, MD

Director, Coordinating Center for Health Information and Service

Jay M. Bernhardt, PhD, MPH Director, National Center for Health Marketing

Director, National Center for Health Marketing
B. Kathleen Skipper, MA

(Acting) Director, Division of Health Information Dissemination (Proposed)

Editorial and Production Staff

Frederic E. Shaw, MD, JD Editor, MMWR Series

Suzanne M. Hewitt, MPA Managing Editor, MMWR Series

Douglas W. Weatherwax (Acting) Lead Technical Writer-Editor

Catherine H. Bricker, MS Jude C. Rutledge Writers-Editors

Beverly J. Holland Lead Visual Information Specialist

Lynda G. Cupell Malbea A. LaPete Visual Information Specialists

Quang M. Doan, MBA Erica R. Shaver Information Technology Specialists

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman Virginia A. Caine, MD, Indianapolis, IN David W. Fleming, MD, Seattle, WA William E. Halperin, MD, DrPH, MPH, Newark, NJ Margaret A. Hamburg, MD, Washington, DC King K. Holmes, MD, PhD, Seattle, WA Deborah Holtzman, PhD, Atlanta, GA John K. Iglehart, Bethesda, MD Dennis G. Maki, MD, Madison, WI Sue Mallonee, MPH, Oklahoma City, OK Stanley A. Plotkin, MD, Doylestown, PA Patricia Quinlisk, MD, MPH, Des Moines, IA Patrick L. Remington, MD, MPH, Madison, WI Barbara K. Rimer, DrPH, Chapel Hill, NC John V. Rullan, MD, MPH, San Juan, PR Anne Schuchat, MD, Atlanta, GA Dixie E. Snider, MD, MPH, Atlanta, GA John W. Ward, MD, Atlanta, GA

Laboratory Findings

At ASVL, viral cytopathic effect was observed in viral culture cells from the specimen collected from the woman on October 10; however, immunofluorescent antibody staining was negative for herpes simplex virus (HSV). During late October to November, the viral isolate was successfully passaged into two additional viral culture cell lines, but subsequent staining of the viral isolate also was negative for HSV and cytomegalovirus. The viral isolate was submitted on November 22 to a second reference laboratory, where it remained unidentified 1 month later.

On January 9, 2007, ASVL sent the unidentified viral isolate to CDC, where the isolate was evaluated using two pathogendiscovery strategies: a pan-herpes virus polymerase chain reaction (PCR) test and a deoxyribonuclease sequence-independent, single-primer amplification (DNase-SISPA) sequencing method,* in which a specimen is treated with DNase, followed by nucleic acid extraction, random amplification, restriction enzyme digestion, and SISPA of the restriction fragments. Although the pan-herpes virus PCR assay was negative, the DNase-SISPA method produced unique and prominent DNA fragments in the unknown isolate but not in the control cells. The PCR product containing these fragments was cloned and sequenced. Eight of nine sequenced clones of the bands matched vaccinia virus sequences. Additional PCR testing by the CDC Poxvirus Laboratory identified the isolate as being consistent with a vaccine-strain vaccinia virus. On January 30, 2007, CDC notified ASVL of the results, which were immediately relaved to the Alaska Section of Epidemiology.

Epidemiologic Investigation

After receiving notification of the laboratory result, Alaska state health officials interviewed the patient and learned that she lived alone and had never been vaccinated against small-pox. However, the patient told investigators that her recent sex partner was a U.S. service member stationed at a local military base and that he had been her only sex partner during the period from 1 month before her infection until the time her ulcers were completely healed (September 1–October 19). The patient also told investigators that her sexual contact with her recent partner had included manual stimulation in addition to vaginal intercourse. The patient did not remember seeing bandages on her partner and did not know whether he had received any recent vaccinations.

The service member was deployed overseas in late October and was not available for interview. According to the preventive medicine officer at the military base where the service

^{*} Reyes GR, Kim JP. Sequence-independent, single-primer amplification (SISPA) of complex DNA populations. Mol Cell Probes 1991;5:473–81.

member was stationed, the service member had reported no underlying skin disorders or other contraindications to vaccination. He had received smallpox vaccination on September 19, 2006, after first receiving instruction on care of the vaccination site and proper hand hygiene. Investigators identified no additional transmission of the virus from the vaccinee and no transmission from the woman to other persons, including health-care providers who had examined her.

Reported by: J McLaughlin, MD, Alaska Section of Epidemiology; T Schmidt, MS, M Westcott, Alaska State Virology Laboratory. J Baumbach, MD, New Mexico Dept of Health. JP Lofgren, MD, Alabama Dept of Public Health. S Gerber, MD, Chicago Dept of Public Health. R Panares, MD, Hammond City Health Dept; W Staggs, MS, Indiana State Dept of Health. L Collins, MD, Walter Reed National Vaccine Healthcare Center, Silver Spring, Maryland. S Tong, PhD, Y Li, MS, W Tan, PhD, E Mar, PhD, S Ruone, MS, A LaMonte-Fowlkes, MPH, L Anderson, MD, Div of Viral Diseases, National Center for Immunization and Respiratory Diseases; M Reynolds, PhD, Y Li, PhD, G Trindade, PhD, V Olson, PhD, I Damon, MD, PhD, Div of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne and Enteric Diseases; R Fagan, MD, E Lederman, MD, EIS officers, CDC.

Editorial Note: This case of vulvar vaccinia was transmitted by a sex partner who had recently received smallpox vaccination. Unintentional transfer of vaccinia virus can occur from a vaccination site to a second site on the vaccinee (inadvertent autoinoculation) or to a close contact (contact transmission) (1). The most frequently reported sites of vaccinia infections caused by unintentional transfer are the face, nose, mouth, lips, genitalia, anus, and eye (1). To prevent transfers, health-care providers should educate vaccinees regarding proper hand washing after bandage changes or other contact with the vaccination site (2). This general recommendation remains the most effective way to prevent genital vaccinia infections. Persons with any new genital lesion, including lesions suspected to have been caused by vaccinia infection, should avoid sexual contact and consult a health-care provider.

Vulvar vaccinia infections often are characterized by painful labial ulcers and/or vesicles, vulvar edema and pruritus, vaginal discharge, and occasionally by vaginitis and tender bilateral inguinal lymphadenopathy (3–9). Most reports of vulvar vaccinia were published before cessation of widespread smallpox vaccination programs (7); however, in addition to the case described in this report, laboratory-confirmed cases of vulvar vaccinia after sexual contact with vaccinated military personnel have been reported in New York and Texas since the U.S. military resumed smallpox vaccination in 2002 (8,9). Similar to the case described in this report, herpes virus infection was initially suspected in the New York case, and information regarding

contact with a recent smallpox vaccinee was not disclosed until after laboratory evidence of vaccinia virus had been detected.

Laboratory confirmation of orthopoxvirus infections, including vaccinia, requires test methods that are not commercially available. However, tests for orthopoxvirus infections are available at many state and local health departments via the Laboratory Response Network, and confirmatory (i.e., species-specific) testing is available at CDC. In the case described in this report, initial testing of clinical specimens for presumed herpes virus infection at ASVL was inconclusive. In the absence of critical information (i.e., patient contact with a recent smallpox vaccinee) to guide testing of the isolate, ASVL forwarded the specimen to CDC. Identification of vaccinia as the etiologic agent illustrates the power of using multiple new tools for identifying pathogens in patients with a disease of unknown etiology.

Since March 8, 2007, CDC and the U.S. Department of Defense have received reports of four instances of nongenital contact vaccinia associated with recently vaccinated service members, including two cases from Indiana and one case each from Alabama and New Mexico. Health-care providers and public health professionals should ask about any contact with recent smallpox vaccinees when evaluating patients with vesicular lesions compatible with vaccinia. Early identification of such contact can guide diagnostic tests, allow for timely contact tracing and clinical intervention, and facilitate prompt patient counseling to prevent further transmission of the virus.

Acknowledgments

The findings in this report are based, in part, on contributions by the examining health-care provider and the preventive medicine officer at the military base.

References

- CDC. Surveillance guidelines for smallpox vaccine (vaccinia) adverse reactions. MMWR 2006;55(No. RR-1).
- CDC. Smallpox vaccination and adverse reactions: guidance for clinicians. MMWR 2003;52(No. RR-4).
- Humphrey DC. Localized accidental vaccinia of the vulva. Report of 3
 cases and a review of the world literature. Am J Obstet Gynecol
 1963;86:460–9.
- Andreev VC, Lachapelle JM, Rook AJ. An outbreak of accidental vaccinia in a family. Dermatol Int 1969;8:5–9.
- Kanra G, Sezer VM, Gurses N, Secmeer G, Oran O. Accidental vaccinia vulva vaginitis. Cutis 1980;26:267–8.
- 6. Haim S. Accidental vaccinia of the vulva. Cutis 1976;17:308-9.
- Sepkowitz KA. How contagious is vaccinia? N Engl J Med 2003; 348:439–46.
- Egan C, Kelly CD, Rush-Wilson K, et al. Laboratory-confirmed transmission of vaccinia virus infection through sexual contact with a military vaccinee. J Clin Microbiol 2004;42:5409–11.
- Lorich MF, Smith SB, Bessinger GT, Olivere JW. Conjugal transfer vaccinia. J Am Acad Dermatol 2004;51:460–2.

Prevalence of Actions to Control High Blood Pressure — 20 States, 2005

High blood pressure (HBP) increases the risk for heart disease and stroke, the first and third leading causes of death in the United States, respectively (1). The association between HBP and cardiovascular disease is independent of other risk factors (2). Nearly 30% of the U.S. adult population had HBP* during 2001-2004, according to the National Health and Nutrition Examination Survey (NHANES), and the prevalence has increased compared with 1988-1994 NHANES data (3,4). Although HBP is easily detectable and can be controlled with treatment, the condition is not controlled (i.e., systolic blood pressure <140 mm Hg and diastolic pressure <90 mm Hg) in approximately 70% of persons (3). A Healthy People 2010 objective (objective 12-11) is to increase the proportion of adults with HBP who are taking action to help control their blood pressure (5). To assess the prevalence of selfreported HBP and actions to control HBP, CDC analyzed 2005 data from an optional module in the Behavioral Risk Factor Surveillance System (BRFSS) in the 20 states that participated. The results indicated that although nearly all adults with HBP in the 20 states were taking some action to control their blood pressure, some persons can take additional actions to control their HBP, if indicated, including dietary changes, exercise, and taking prescribed medication.

BRFSS is a state-based, random-digit-dialed telephone survey of the U.S. civilian, noninstitutionalized population aged ≥18 years. The survey is administered in all 50 states, the District of Columbia (DC), and three U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). During 2005, a total of 24,447 of 101,574 respondents in 20 states responded "yes" to the following question: "Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure?" Women who reported HBP only during pregnancy were not categorized as having HBP. Respondents also were asked the following five questions about actions they were currently taking to control their HBP: "Are you changing your eating habits to help lower or control your high blood pressure?" "Are you cutting down on salt to help lower or control your high blood pressure?" "Are you reducing alcohol use to help lower or control your high blood pressure?" "Are you exercising to help lower or control your high blood pressure?" "Are you currently taking medicine for your high blood pressure?" The median response rate for the 20 states was 51.0% (range: 34.6%-66.7%). Data were weighted to 2005 state population estimates. Prevalence estimates and 95% confidence intervals were calculated.

* HBP in NHANES was defined as systolic blood pressure of ≥140 mm Hg, diastolic blood pressure of ≥90 mm Hg, or taking antihypertensive medication.

The age-adjusted prevalence of self-reported HBP was 19.4% (Table 1) for the 20 states combined. Self-reported HBP increased by age group, and the age-adjusted prevalence was highest among non-Hispanic blacks (27.2%). Among the 20 states, self-reported HBP tended to be highest in southern states, with Mississippi (25.5%), West Virginia (23.5%), Alabama (23.2%), Louisiana (22.1%), and Arkansas (21.9%) having the highest age-adjusted prevalence.

TABLE 1. Number and percentage of respondents told on two or more visits to a health professional that they have high blood pressure (HBP), by selected characteristics — Behavioral Risk Factor Surveillance System, 20 states, 2005

Characteristic	Total no. of respondents	% of respondents reporting HBP diagnosis*	95% CI [†]
Age group (yrs)	· · · · · · · · · · · · · · · · · · ·		
18-24	5.023	2.4	1.7-3.1
25-44	31,723	8.3	7.8-8.7
45-64	39,603	27.7	27.0-28.4
>65	25,225	44.2	43.2-45.1
Sex	,		
Men	38,177	19.5	19.0-20.1
Women	63,397	19.2	18.7-19.6
Race/Ethnicity	00,00		
White, non-Hispanic	80,535	18.6	18.3-19.0
Black, non-Hispanic	8,861	27.2	26.0-28.3
Hispanic [§]	6.432	18.0	16.5-19.6
Asian	2.207	14.7	12.3-17.1
Native Hawaiian/	2,20	* ***	1210 1111
Pacific Islander	496	12.7	7.9-17.5
American Indian/	,,,,		
Alaska Native	1.298	25.2	20.4-30.1
Other	834	16.3	12.8-19.9
State			
Alabama	3.095	23.2	21.8-24.7
Arizona	4.565	16.4	14.8-18.0
Arkansas	5.140	21.9	20.8-23.1
Connecticut	5,070	16.6	15.6-17.7
Florida	7.953	19.0	17.9-20.0
Georgia	5,897	21.2	20.0-22.4
Hawaii	3,127	15.7	14.1-17.4
Kansas	4,241	18.3	17.1-19.4
Kentucky	6,391	20.9	19.7-22.1
Louisiana	2,869	22.1	20.5-23.6
Maryland	4,234	20.0	18.7-21.3
Minnesota	2,810	17.0	15.7-18.3
Mississippi	4,294	25.5	24.2-26.9
Montana	4,846	16.3	15.1-17.4
Nebraska	4,037	19.1	17.8-20.5
New Jersey	13,039	17.9	17.1-18.6
New York	7,508	19.4	18.4-20.4
North Dakota	3,899	17.2	16.1-18.3
Utah	5,056	16.0	15.0-17.1
West Virginia	3,503	23.5	22.1-24.9
Total	101,574	19.4	19.1-19.8

^{*}Weighted percentages, except for age groups, are age standardized to

the 2000 U.S. standard population.

† Confidence interval.

Might be of any race.

Approximately 98.1% of adults with self-reported HBP reported taking at least one action to lower or control their blood pressure, and a majority of respondents reported taking each of the five actions: 70.9% changed their eating habits, 79.5% decreased use of salt or did not use salt, 79.2%

reduced consumption of alcohol or did not drink alcohol, 68.6% exercised, and 73.4% took antihypertensive medication (Table 2). Women were more likely than men to report changing eating habits and reducing consumption of alcohol or not drinking alcohol. Reducing use of salt or not using salt

TABLE 2. Number and percentage of respondents taking selected actions* to control high blood pressure (HBP) among adults told on two or more visits to a health professional that they have HBP, by selected characteristics — Behavioral Risk Factor Surveillance System, 20 states, 2005

					Acti	on taken	to control H	BP			
	Total no. of		nanging ng habits		cing use of using salt	use	ducing of or not ng alcohol	Ex	ercising	antihyp	king ertensive ication
Characteristic	respondents†	%5	95% CIT	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group (yrs)											
18-24	129	47.2	32.3-62.1	68.2	52.4-84.0	77.2	66.8-87.6	65.9	50.1-81.8	35.3	20.4-50.1
25-44	2,694	75.7	73.3-78.2	78.9	76.1-81.6	79.9	77.6-82.1	70.9	68.4-73.4	64.6	61.7-67.6
45-64	10,889	76.7	75.5-78.0	82.1	80.8-83.4	79.6	78.4-80.9	68.6	67.2-70.0	88.7	87.8-89.6
>65	10,735	67.1	65.7-68.5	85.0	83.8-86.1	78.6	77.3-79.8	65.2	63.8-66.6	96.2	95.6-96.8
Sex											
Men	9.077	66.7	63.8-69.6	77.0	73.6-80.3	75.5	73.2-77.8	68.8	65.4-72.2	71.1	67.7-74.5
Women	15.370	76.4	74.2-78.6	82.0	79.3-84.7	82.5	80.2-84.8	69.0	66.6-71.5	76.3	73.8-78.8
Race/Ethnicity	10,010					-	00.0	00.0		, 0,0	
White, non-Hispanic	19,705	69.5	66.8-72.1	79.0	76.7-81.2	76.6	74.6-78.6	69.4	67.2-71.5	75.9	73.1-78.7
Black, non-Hispanic	2.769	77.5	72.7-82.3	90.0	86.5-93.5	86.9	83.2-90.5	67.5	62.2-72.7	75.2	71.2-79.2
Hispanic**	1.045	70.7	63.5-77.9	73.9	66.8-80.9	84.3	79.0-89.5	66.8	60.1-73.5	62.5	57.1-67.8
Asian	374	73.1	61.2-85.0	80.9	69.1–92.8	79.3	69.0-89.6	72.0	60.9-83.0	77.4	65.4-89.4
Native Hawaiian/	89	65.9	47.3-84.5	78.5	57.0-100.0	74.5	63.6-85.5	77.1	62.6-91.5	63.1	52.5-73.8
Pacific Islander	-										
American Indian/ Alaska Native	303	63.8	53.5–74.0	76.8	69.6–83.9	79.6	71.5–87.7	76.0	66.8-85.1	61.3	49.2–73.4
Other	162	75.3	57.1-93.6	71.5	52.9-90.0	82.5	70.2-94.8	74.8	62.1-87.5	75.0	57.1-92.9
State											
Alabama	912	76.1	71.9-80.3		_	88.3	85.5-91.0	66.7	62.3-71.1	81.4	72.8-90.1
Arizona	993	70.2	62.1-78.3	73.7	69.1-78.2	77.0	68.6-85.4	73.0	64.7-81.4	68.2	59.2-77.1
Arkansas	1,407	64.4	57.7-71.0	75.8	69.4-82.1	83.0	77.2-88.9	72.1	66.1-78.0	72.3	65.8-78.8
Connecticut	1,065	76.1	71.3-80.8	82.2	77.6-86.7	70.3	64.4-76.1	74.0	69.0-79.0	69.9	65.1-74.7
Florida	2,026	73.5	66.1-80.8	83.2	79.3-87.0	81.3	77.8-84.7	74.6	71.2-77.9	73.7	65.7-81.7
Georgia	1,568	70.6	65.6-75.7		_	79.1	73.1-85.0	65.8	59.6-71.9	74.0	69.4-78.6
Hawaji	558	74.5	65.6-83.4	83.8	77.8-89.8	71.6	63.1-80.1	63.2	53.8-72.6	76.5	66.6-86.4
Kansas	1,000	68.6	61.1-76.0	75.8	67.0-84.5	83.4	76.4-90.5	79.9	76.5-83.2	76.0	67.1-84.8
Kentucky	1,771	74.4	69.1-79.8	81.4	76.3-86.5	80.3	75.6-84.9	59.9	54.7-65.1	78.3	73.4-83.2
Louisiana	739	75.9	69.9-81.9	81.4	75.9-87.0	85.0	80.2-89.7	69.7	63.6-75.8	85.8	80.4-91.2
Maryland	989	75.3	68.4-82.2	81.1	76.5-85.8	78.5	73.8–83.1	70.8	63.7-77.8	76.7	69.6-83.8
Minnesota	603	63.9	58.9-68.8	69.5	64.4-74.5	61.4	56.0-66.7	60.8	55.3-66.2	78.9	73.2-84.5
Mississippi	1,338	80.5	77.6-83.4		04.4 74.5	75.5	69.4-81.6	69.5	66.1-72.9	81.0	74.5-87.6
Montana	1,002	59.7	53.5-65.8	73.1	64.8-81.5	69.5	60.8-78.2	76.7	71.6-81.7	58.1	52.9-63.3
Nebraska	1.012	65.2	56.7-73.7	82.8	78.5-87.0	75.6	67.8-83.3	66.5	58.0-75.1	72.7	64.1-81.2
New Jersey	2.978	69.3	64.4-74.2	80.9	76.2-85.6	75.4	70.5–80.2	70.0	65.7-74.2	71.7	67.5-75.8
New York	1,677	66.8	60.4-73.2	77.5	70.5-84.6	79.2	75.0-83.3	65.8	60.2-71.4	66.2	60.9-71.5
North Dakota	851	65.5	57.9-73.0	76.9	71.2-82.5	74.3	66.7-81.9	75.4	69.7-81.0	74.3	68.5-80.2
Utah	915	69.1	63.0-75.3	73.7	68.4–78.9	85.1	80.0-90.2	75.5	69.9-81.1	68.9	62.8-74.9
			60.0-76.4	75.4		84.5	77.2-91.9	57.6	49.3-65.9	70.9	67.1-74.3
West Virginia	1,043	68.2			67.7–83.2						
Total	24,447	70.9	68.7-73.1	79.5	77.1-81.9	79.2	77.6-80.9	68.6	66.3-70.9	73.4	71.2-75.7

[&]quot;Respondents were asked the following five questions: "Are you changing your eating habits to help lower or control your high blood pressure?" "Are you cutting down on salt to help lower or control your high blood pressure?" "Are you reducing alcohol use to help lower or control your high blood pressure?" "Are you currently taking medicine for your high blood pressure?"

The number of respondents in the salt-use column is lower because of missing values for three states.

Weighted percentages, except for age groups, are age standardized to the 2000 U.S. standard population.

Confidence interval.

^{**} Might be of any race.

^{††} Data not comparable for this question because of different response categories.

and taking antihypertensive medicine increased with age. A higher proportion of non-Hispanic blacks (90.0%) compared with other racial/ethnic groups reported reducing use of salt or not using salt.

The proportion of respondents with self-reported HBP who took each action varied by state. The percentage of adults who reported changing eating habits ranged from 59.7% (Montana) to 80.5% (Mississippi); the percentage who reduced use of salt or did not use salt ranged from 69.5% (Minnesota) to 83.8% (Hawaii); the percentage who reduced alcohol consumption or did not drink alcohol ranged from 61.4% (Minnesota) to 88.3% (Alabama); the percentage who exercised ranged from 57.6% (West Virginia) to 79.9% (Kansas); and the percentage who took antihypertensive medication ranged from 58.1% (Montana) to 85.8% (Louisiana).

Reported by: CH Denny, PhD, KJ Greenlund, PhD, C Ayala, PhD, NL Keenan, PhD, JB Croft, PhD, Div for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Controlling HBP can reduce disability and death from heart disease, stroke, and other cardiovascular diseases. Recommendations to control HBP include both lifestyle changes and antihypertensive medication (2). The findings in this report indicate that, although nearly all adults with self-reported HBP take at least some health action to control their HBP, some persons can take additional actions if indicated. For example, although nearly 70% of respondents report exercising to control their HBP, 30% do not exercise to control HBP.

The findings in this report are subject to at least four limitations. First, data were based on self-reports and therefore were subject to recall bias and social desirability bias (i.e., providing a socially acceptable answer rather than the most accurate answer). Second, the degree and effects from the actions taken to reduce HBP were not assessed; for example, although exercising to control HBP was assessed, the frequency was not. Third, the combined results for these 20 states are not generalizable to the entire United States. Finally, the median response rate for the 20 states was only 51.0%; however, the reliability and validity of BRFSS measures have been demonstrated (6,7).

The CDC State Heart Disease and Stroke Prevention Program funds health departments in 32 states and DC to support heart-disease prevention activities through education, strategies to change physical and social environments to decrease risk for heart disease, and elimination of racial/ethnic disparities in heart-disease risk. In addition, CDC funds 15 WISEWOMAN (http://www.cdc.gov/wisewoman) projects

in 14 states to provide low-income and underinsured or uninsured women aged 40–64 years with services to prevent cardiovascular disease; approximately 12,000 women have received services through WISEWOMAN in the past 4 years. WISEWOMAN projects operate on the local level in states and tribal organizations and provide preventive services, including blood-pressure screening and cholesterol testing, and lifestyle intervention programs to help women develop a healthier diet, increase physical activity, and quit using tobacco. These actions, combined with activities of clinicians and public health partners coordinated through A Public Health Action Plan to Prevent Heart Disease and Stroke (http://www.cdc.gov/dhdsp/library/action_plan/index.htm), should increase identification, treatment, and control of HBP and clarify the actions needed to control HBP.

A comprehensive approach to lifestyle modification that targets diet, salt intake, alcohol intake, and exercise can help to control HBP (8). The Dietary Approaches to Stop Hypertension diet, which is low in saturated and total fat and emphasizes fruits, vegetables, and low-fat dairy products, has assisted with reducing blood pressure (9). HBP control requires maintaining lifestyle changes and taking prescribed medications. Self-management can increase overall HBP control (10), and improvements in counseling from health-care providers, patient education, and clinician-patient partnerships could further encourage adults with HBP to take action (2).

Acknowledgment

The findings in this report are based, in part, on data provided by BRFSS state coordinators.

References

- Miniño AM, Heron MP, Smith BL. Deaths: preliminary data for 2004. Natl Vital Stat Rep 2006;54(19).
- Chobanian AV, Bakris GL, Black HR, et al. The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension 2003;42:1206–52.
- Hajjar I, Kotchen TA. Trends in prevalence, awareness, treatment, and control of hypertension in the United States, 1988–2000. JAMA 2003;290:199–206.
- National Center for Health Statistics. Health, United States, 2006.
 With chartbook on trends in the health of Americans. Hyattsville, MD:
 US Department of Health and Human Services, CDC, National Center for Health Statistics; 2006.
- US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.health.gov/healthy people.
- CDC. Behavioral Risk Factor Surveillance System. Summary data quality reports. Available at http://www.cdc.gov/brfss/technical_info data/quality.htm.
- Nelson D, Holtzman D, Bolen J, Stanwyck CA, Mack KA. Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). Soz Praventivmed 2001;46(Suppl 1):S3

 –42.

- Elmer PJ, Obarzanek E, Vollmer WM, et al. Effects of comprehensive lifestyle modification on diet, weight, physical fitness, and blood pressure control: 18-month results of a randomized trial. Ann Intern Med 2006;144:485–95.
- Appel LJ, Moore TJ, Obarzanek E, et al. A clinical trial of the effects of dietary patterns on blood pressure. DASH Collaborative Research Group. New Engl J Med 1997;336:1117–24.
- Chodosh J, Morton SC, Mojica W, et al. Meta-analysis: chronic disease self-management programs for older adults. Ann Intern Med 2005;143:427–38.

Projected State-Specific Increases in Self-Reported Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitations — United States, 2005–2030

Arthritis and other rheumatic conditions (e.g., gout, lupus, and fibromyalgia) affect approximately 46 million adults in the United States, resulting in substantial disability and costs of \$128 billion annually (1-3). Because U.S. adults are living longer and the number of persons in older age groups is growing, the number of U.S. adults living with chronic conditions such as arthritis likely will increase. The number of U.S. adults with doctor-diagnosed arthritis has been projected to reach nearly 67 million adults by the year 2030, including 25 million adults who are expected to have arthritis-attributable activity limitations (4). This report supplements those estimates by projecting the number of adults aged ≥18 years in each state who will have doctor-diagnosed arthritis and arthritis-attributable activity limitations in 2030.* The results indicate that, among 48 states, the median projected increase in doctor-diagnosed arthritis from 2005 to 2030 will be 16%; a total of 14 states are projected to have increases of 30% to 87%. Greater use of existing evidence-based interventions and development of new interventions aimed at decreasing pain, improving function, and delaying disability associated with arthritis are needed to reduce the impact of these projected increases, particularly in those states that will be most heavily affected.

To estimate the number of adults who will have doctordiagnosed arthritis and arthritis-attributable activity limitations in 2030, CDC applied state arthritis prevalence proportion estimates from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey to U.S. Census-projected state population data for the year 2030. BRFSS is a statebased, random-digit-dialed telephone survey of the U.S. civilian, noninstitutionalized population aged ≥18 years. BRFSS is administered in all 50 states, the District of Columbia, and three U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). In 2005, the median response rate (i.e., the percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted) among states was 51.1% (range: 34.6% [New Jersey] to 67.4% [Alaska]). The median cooperation rate (i.e., the percentage of persons who completed interviews among all eligible persons contacted) was 75.1% (range: 58.7% [California] to 85.3% [Minnesota]). Self-reported doctor-diagnosed arthritis was defined as a "yes" response to the question, "Have you ever been told by a doctor or other health-care professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?" Arthritis-attributable activity limitations were defined as a "yes" response by a respondent with doctor-diagnosed arthritis to the question, "Are you now limited in any way in any of your usual activities because of your arthritis or joint symptoms?" Projected state totals for doctor-diagnosed arthritis were calculated by applying prevalence proportion estimates for six sex-specific and age-specific (18-44 years, 45-64 years, and ≥65 years) groups from the 2005 BRFSS survey to corresponding U.S. Census-projected state populations for the year 2030 (6) and then adding the six results. The same method was used to calculate projected state totals for arthritis-attributable activity limitations. Projections were not calculated for the three U.S. territories because U.S. Census-projected territory populations for the year 2030 were not available.

From 2005 to 2030, the number of adults with doctor-diagnosed arthritis is projected to increase by a median of 16%† in 48 states (range: 2% [Iowa] to 87% [Arizona]); in 14 states, the projected increase ranges from 30% to 87% (Table). The median projected increase in the absolute number of persons with doctor-diagnosed arthritis in these same states is 126,000 (range: 8,000 [South Dakota] to 2,539,000 [Florida]); the comparable median increase in those with arthritis-attributable activity limitations is 46,000 (range: 3,000 [South Dakota] to 991,000 [Florida]) (Table). Primarily because of expected population declines, two states (North Dakota and West Virginia) and the District of Columbia are projected to have decreases in the numbers of adults with doctor-diagnosed arthritis and arthritis-attributable activity limitations.

Reported by: M Freedman, DVM, JM Hootman, PhD, CG Helmick, MD, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

^{*}This report uses the most current surveillance case definition of arthritis, which excludes adults who report only chronic joint symptoms because only a small percentage of these persons have arthritis (5).

[†] The number of adults with arthritis-attributable activity limitations is projected to increase similarly (within 1%).

TABLE. State-specific 2005 estimates and 2030 projections* of the numbers of adults with doctor-diagnosed arthritis and arthritis-attributable activity limitations — Behavioral Risk Factor Surveillance System (BRFSS) and U.S. Census

	do		dults with nosed arthritis	arthritis-a		dults with le activity limitations	% change in doctor-diagnosed arthritis
State/Area	2005 (1,000s)	2030 (1,000s)	Increase (decrease) (1,000s)	2005 (1,000s)	2030 (1,000s)	Increase (decrease) (1,000s)	Increase (decrease) 2030 versus 2005 (%)
Alabama	1,124	1,238	114	468	515	47	10
Alaska	111	143	32	44	57	13	29
Arizona	1,131	2,115	984	407	762	355	87
Arkansas	641	754	113	244	287	43	18
California	5,927	7,894	1,967	2,179	2,903	724	33
Colorado	807	1,008	201	274	342	68	25
Connecticut	680	731	51	208	223	15	8
Delaware	187	233	46	62	77	15	25
District of Columbia	97	75	(22)	34	26	(8)	(23)
Florida	3,739	6,279	2,540	1,460	2.452	992	68
Georgia	1.694	2,289	595	676	914	238	35
Hawaii	214	252	38	67	79	12	18
Idaho	262	378	116	106	153	47	44
Illinois	2.358	2.533	175	767	824	57	7
Indiana	1,363	1,497	134	475	521	46	10
	617	628	11	205	209	4	2
lowa			49	184	201	17	9
Kansas	551	600			441	46	12
Kentucky	910	1,016	106 81	395 372	406	34	9
Louisiana	894	975		-			12
Maine	316	352	36	113	126	13	
Maryland	1,159	1,459	300	375	472	97	26
Massachusetts	1,298	1,421	123	454	497	43	10
Michigan	2,357	2,544	187	842	909	67	8
Minnesota	928	1,224	296	331	437	106	32
Mississippi	688	764	76	296	328	32	11
Missouri	1,395	1,584	189	556	631	75	14
Montana	189	220	31	71	83	12	16
Nebraska	340	357	17	118	124	6	5
Nevada	441	805	364	164	298	134	82
New Hampshire	271	347	76	87	111	24	28
New Jersey	1,621	1,861	240	531	610	79	15
New Mexico	345	401	56	133	155	22	16
New York	3,824	3,955	131	1,348	1,394	46	3
North Carolina	1,788	2,497	709	688	960	272	40
North Dakota	126	124	(2)	41	41	0	(2)
Ohio	2,606	2,682	76	857	882	25	3
Oklahoma	797	889	92	347	387	40	12
Oregon	743	1.003	260	308	416	108	35
Pennsylvania	3.038	3,177	139	987	1.032	45	5
Rhode Island	234	254	20	70	76	6	8
South Carolina	986	1,233	247	371	465	94	25
South Dakota	161	169	8	61	63	2	5
Tennessee	1,341	1,660	319	610	755	145	24
Texas	3.670	5,425	1,755	1,350	1,995	645	48
Utah	3,070	551	1,755	145	213	68	47
Vermont	134	157	23	47	55	8	17
							31
Virginia	1,580	2,071	491	578	758	180	
Washington	1,235	1,745	510	504	713	209	41
West Virginia	498	487	(11)	247	241	(6)	(2)
Wisconsin	1,169	1,326	157	409	464	55	13
Wyoming	106	116	10	37	40	3	9
Median increase [§]	_		126	_		46	16

^{*} Projected state totals were calculated by applying proportions for six sex-specific age groups (i.e., 18–44 years, 45–64 years, and ≥65 years) from the 2005 BRFSS survey to corresponding U.S. Census–projected state populations for the year 2030 and then adding the age groups together.

The number of adults with arthritis-attributable activity limitations is projected to increase similarly (within 1%).

Median increases were calculated using data only from the 48 states that projected increases in prevalences of doctor-diagnosed arthritis and arthritis-

attributable activity limitations.

Editorial Note: The findings in this report confirm previous findings that arthritis and other rheumatic conditions will be increasing in nearly all U.S. states in the years ahead. On the basis of U.S. Census–projected increases in state populations overall and their older age distributions, 48 states are expected to have an increase in the number of adults reporting doctor-diagnosed arthritis and arthritis-attributable activity limitations by the year 2030, including 14 states with increases of >30%. States can use these projections to plan programs and resource allocations that will be needed to address the needs of their growing populations with arthritis.

The findings in this report are subject to at least five limitations. First, doctor-diagnosed arthritis is self-reported and not confirmed by a health-care provider; however, such self-reports have been validated previously for surveillance purposes (5). Second, BRFSS is a telephone survey that excludes certain populations (e.g., military personnel residing on bases, institutionalized populations, and persons without landline telephones). Third, the median response rate for BRFSS is low; however, BRFSS data have consistently been determined to provide valid and reliable estimates when compared with national household surveys in the United States (7). Fourth, projections in this report assume consistent age/sex prevalence proportions of doctor-diagnosed arthritis and arthritis-attributable activity limitations to the year 2030; these projections do not take into account emerging health risks (e.g., obesity) that might increase the proportions of doctor-diagnosed arthritis or emerging interventions (e.g., earlier diagnosis of and continued improvements in medications for rheumatoid arthritis) that might decrease the proportions of arthritis-attributable activity limitations. Finally, less than 2% (five of 306) of the sex- and agespecific cells used to calculate the projected prevalence of arthritis-attributable activity limitation in each state had fewer than 50 respondents before weighting and, therefore, might not be reliable estimates. However, any effect on the final state projection likely was overshadowed when the data in these five cells were summed with the other 301 cells.

CDC's Arthritis Program funds 36 state health departments, who collaborate with local chapters of the Arthritis Foundation to expand the reach of evidence-based public health interventions for arthritis. These include physical activity programs (Arthritis Foundation Exercise Program, Arthritis Foundation Aquatics Program, and Enhance Fitness) and self-management education programs (Arthritis Foundation Self-Help Program and Chronic Disease Self-Management Program), both of which are delivered by trained instructors in community settings. These interventions decrease the

impact of arthritis by reducing pain and health-care utilization and by improving the ability to function and mental health of persons with arthritis (8). In addition, the CDC Arthritis Program also has developed two communication campaigns to promote physical activity among persons with arthritis. Healthy People 2010 midcourse review objectives for arthritis include increasing the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition (objective 2-8). Only 11% of adults with arthritis have taken a class to help manage their arthritis (9).

In addition to expanding the reach of arthritis education and other existing interventions, new interventions that specifically target persons with arthritis at highest risk for disability (e.g., persons who are overweight, obese, or physically inactive) also should be developed, evaluated, and disseminated. CDC is funding a project to develop a new arthritis-specific exercise program that emphasizes joint-protection strategies and components designed to improve physical function. The impact of the projected increases in doctor-diagnosed arthritis and arthritis-attributable activity limitations can be reduced by greater participation in such programs and other healthful activities.

References

- CDC. Prevalence of disabilities and associated health conditions among adults—United States, 1999. MMWR 2001;50:120-5.
- CDC. Prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation—United States, 2003–2005. MMWR 2006;55: 1089–92.
- CDC. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions—United States, 2003. MMWR 2007;56:4–7.
- Hootman JM, Helmick CG. Projections of U.S. prevalence of arthritis and associated activity limitations. Arthritis Rheum 2006;54:226–9.
- Sacks JJ, Harrold LK, Helmick CG, Gurwitz JH, Emani S, Yood RA. Validation of a surveillance case definition for arthritis. J Rheumatol 2005;32:340–7.
- US Census Bureau. State interim population projections by age and sex: 2004–2030. Washington DC: US Census Bureau; 2005. Available at http://www.census.gov/population/www/projections/projectionsage sex.html.
- Nelson DE, Holtzman D, Bolen J, Stanwyck CA, Mack KA. Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). Soz Praventivmed 2001;46(Suppl I):S3–42
- Brady TJ, Kruger J, Helmick CG, Callahan LF, Boutaugh ML. Intervention programs for arthritis and other rheumatic diseases. Health Educ Behav 2003;30:44–63.
- CDC. Monitoring progress in arthritis management—United States and 25 states, 2003. MMWR 2005;54:484–8.

§ Available at http://www.cdc.gov/arthritis/campaigns.

Available at http://www.healthypeople.gov/data/midcourse/pdf/fa02.pdf.

Notice to Readers

National Arthritis Month — May 2007

May is National Arthritis Month. Arthritis affects approximately 46 million persons of both sexes and all ages and races, and is the most common physical cause of disability in the United States. The national prevalence of arthritis and arthritisattributable activity limitations are both projected to increase substantially as the population ages.

This year's theme is Walk for Wellness, which is intended to remind those with arthritis that walking, a simple and readily available form of physical activity, is an effective but underused intervention for managing arthritis. Walking is a low-impact exercise appropriate for most persons with mild or moderate arthritis. Persons with arthritis also can reduce the impact of the disease by maintaining a healthy weight and pursuing education regarding arthritis self-management. To help those with arthritis better manage their disease, the Arthritis Foundation offers community-based exercise classes (through the Arthritis Foundation Aquatics Program) and self-management education classes (through the Arthritis Foundation Self-Help Program), both of which have reduced pain and improved function and mental health among persons with arthritis.

The CDC Arthritis Program helps fund 36 state arthritis programs designed to increase the quality of life among persons affected by arthritis by implementing recommendations in the National Arthritis Action Plan: A Public Health Strategy. The program also promotes progress toward reaching the arthritis-related *Healthy People 2010* objectives. Additional information regarding public health and arthritis is available at http://www.cdc.gov/arthritis. Additional information regarding local arthritis programs and services is available from the Arthritis Foundation at http://www.arthritis.org or by telephone at 800-568-4045.

Notice to Readers

National High Blood Pressure Education Month, May 2007, and World Hypertension Day, May 17

May is National High Blood Pressure Education Month in the United States, and May 17 is World Hypertension Day. Approximately 72 million persons in the United States aged ≥20 years have high blood pressure (i.e., systolic blood pressure ≥140 mm Hg or diastolic pressure ≥90 mm Hg, are taking antihypertensive medication, or have been told on two or more visits to a physician or other health professional that they have high blood pressure) (1). High blood pressure in-

creases the risk for heart disease and stroke, the first and third leading causes of death, respectively, in the United States.

Lowering high blood pressure, which can prevent deaths and reduce adverse effects from heart disease and stroke, can be achieved through lifestyle modifications alone or in combination with drug therapy (2). Lifestyle changes include reducing body weight, adopting a diet high in fruits and vegetables but low in fat, reducing dietary sodium, increasing physical activity, and moderating alcohol consumption. In addition, stopping smoking improves overall cardiovascular health. The most recent recommendations for the detection and treatment of high blood pressure are available from the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2). Additional information on prevention and treatment of high blood pressure is available from the American Heart Association at http://www.americanheart.org or from CDC at http://www. cdc.gov/bloodpressure.

References

- American Heart Association. Heart disease and stroke statistics—2007 update. Available at http://www.americanheart.org.
- Chobanian AV, Bakris GL, Black HR, et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension 2003;42:1206–52.

Notice to Readers

Healthy Vision Month — May 2007

May is Healthy Vision Month, a national eye health observance promoting the 10 vision objectives in *Healthy People 2010* (1). This year's theme is Keep Vision in Your Future, and the focus is on reducing visual impairment from glaucoma.

The CDC Vision Health Initiative and stakeholders have produced the report, *Improving the Nation's Vision Health: A Coordinated Public Health Approach*, which is aimed at preventing vision loss and blindness, promoting eye health, and improving quality of life for all persons throughout all life stages. The report is available at http://www.cdc.gov/diabetes/projects/vision.htm.

Reference

 US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at http://www.health.gov/ healthypeople.

Notice to Readers

National Drinking Water Week — May 6–12, 2007

Safe drinking water is vital to public health. Each year, the American Water Works Association and an alliance of organizations, including the U.S. Environmental Protection Agency (EPA), sponsor National Drinking Water Awareness Week to highlight the importance of tap water and the need to reinvest in water infrastructure. The theme for 2007 is Only Tap Water Delivers (1).

Worldwide, approximately 1.1 billion persons lack access to an improved potable water source,* and an estimated 3 million persons in developing regions of the world die each year from infectious diseases related to unsafe water and inadequate sanitation (2). In contrast, the United States has one of the safest water supplies in the world. In 2005, more than 52,000 community water systems supplied approximately 93% of the U.S. population with tap water (3,4), and more than 92% of public water systems were in full compliance with health-based drinking water standards (3). Nonetheless, an estimated 4 million to 33 million cases of gastrointestinal illness associated with public drinking water systems occur annually in the United States (5,6). These estimates do not include illnesses that occur in the estimated 45 million persons served by small or individual water systems (4,7) or illnesses that are not gastrointestinal.

The occurrence of drinking-water-associated disease highlights the importance of maintaining and improving the nation's water infrastructure. EPA promotes practices to change how the nation views, values, manages, and invests in its water infrastructure so that water systems are sustainable and will be available to serve future generations. EPA is working with the water industry to identify best practices to help water utilities address aging infrastructure, efficient water use, and watershed protection (8). CDC activities related to National Drinking Water Week include reducing the adverse health effects from contaminated drinking water and recreational water, improving access to safe water internationally, strengthening waterborne disease outbreak surveillance and investigations, supporting water-related programs at local and state health departments, and addressing terrorism concerns related to waterborne pathogens. Additional information regarding CDC activities is available at http://www.cdc.gov/health/water.htm, http://www.cdc.gov/safewater, http://www.cdc.gov/fluoridation. Additional information about National Drinking Water Week is available at http://www.awwa.org/advocacy/dww.and.http://www.epa.gov/safewater/index.html.

References

- American Water Works Association. Only tap water delivers: drinking water week 2007. Available at http://www.awwa.org/advocacy/dww.
- Hutton G, Haller L. Evaluation of the costs and benefits of water and sanitation improvements at the global level. Geneva, Switzerland: World Health Organization; 2004. Available at http://www.who.int/water_ sanitation_health/en/wsh0404.pdf.
- US Environmental Protection Agency. FY2005 drinking water factoids. Available at http://www.epa.gov/safewater/data/getdata.html.
- US Census Bureau. Annual estimates of the population for the United States, regions, and states and for Puerto Rico: April 1, 2000 to July 1, 2006 (NST-EST2006-01). Available at http://www.census.gov/popest/ states/NST-ann-est.html.
- Colford JM, Roy SL, Beach MJ, Hightower A, Shaw SE, Wade TJ. A review of household drinking water intervention trials and an approach to the estimation of endemic waterborne gastroenteritis in the United States. Journal of Water and Health 2006;4(Suppl 2):71–88.
- Messner M, Shaw S, Regli S, Rotert K, Blank V, Soller J. An approach for developing a national estimate of waterborne disease due to drinking water and a national estimate model application. J Water Health 2006;4(Suppl 2):201–40.
- US Environmental Protection Agency. Private drinking water wells. Available at http://www.epa.gov/safewater/privatewells/index2.html.
- US Environmental Protection Agency. Sustainable infrastructure for water & wastewater. Available at http://www.epa.gov/waterinfrastructure.

Potable water that is supplied through a household connection, public standpipe, borehole well, protected dug well, protected spring, or rain water collection.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States,

	urrent	Cum	5-year weekly	Total o	ases rep	orted for	previous	s years	
	week	2007	average [†]	2006	2005	2004	2003	2002	States reporting cases during current week (No.
Anthrax	_	_	_	1	_	_		2	
Botulism:									
foodborne	-		0	19	19	16	20	28	
infant	1	18	1	96	85	87	76	69	PA (1)
other (wound & unspecified)	_	4	0	45	31	30	33	21	
Brucellosis	2	34	3	123	120	114	104	125	TN (1), OK (1)
Chancroid	5	9	1	34	17	30	54	67	MA (1), SC (4)
Cholera	_	-	0	7	8	5	2	2	
Cyclosporiasis	1	16	12	135	543	171	75	156	FL (1)
Diphtheria	-	-	_	-	-	-	1	1	
Domestic arboviral diseases ^{§ §} :									
California serogroup	-	-	0	63	80	112	108	164	
eastern equine	-	_	-	7	21	6	14	10	
Powassan	-	_	_	1	1	1	_	1	
St. Louis	_		0	9	13	12	41	28	
western equine	-	_	-	_	-	-	_	-	
Ehrlichiosis ⁵ :									
human granulocytic	1	15	4	593	786	537	362	511	VA (1)
human monocytic	-	32	2	501	506	338	321	216	
human (other & unspecified)	_	11	1	237	112	59	44	23	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	-	4	0	13	9	19	32	34	
nonserotype b	3	18	3	128	135	135	117	144	NY (2), FL (1)
unknown serotype	4	97	4	222	217	177	227	153	PA (1), OH (1), AR (1), UT (1)
Hansen disease ⁵	2	17	1	62	87	105	95	96	FL (2)
Hantavirus pulmonary syndrome [§]	-	2	0	37	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheals	1	33	3	268	221	200	178	216	MI (1)
Hepatitis C viral, acute	6	197	22	859	652	713	1,102	1,835	NY (1), MO (1), FL (1), TN (1), OK (1), ID (1)
HIV infection, pediatric (age <13 yrs) ^{††}	eseni.	-	3	52	380	436	504	420	
Influenza-associated pediatric mortality® 89	4	53	0	41	45	-	N	N	CT (1), CO (1), VA (2)
Listeriosis	2	145	10	829	896	753	696	665	OH (1), IN (1)
Measles ^M	_	6	1	52	66	37	56	44	
Meningococcal disease, invasive***:									
A. C. Y. & W-135	4	79	5	250	297	-	_		NY (1), IN (2), MD (1)
serogroup B	2	34	2	160	156	-	-	_	NY (1), IN (1)
other serogroup	1	7	0	28	27	-	in the same of	-	CT (1)
unknown serogroup	6	234	17	678	765	-	_	-	IN (1), MI (1), TN (2), CA (2)
Mumps	17	309	127	6,561	314	258	231	270	ND (1), WV (1), NC (11), WA (4)
Novel influenza A virus infections	-	-	_	N	N	N	N	N	
Plague	-	_	0	17	8	3	1	2	
Poliomyelitis, paralytic	_	_	-	-	1	_	-	-	
Poliovirus infection, nonparalytic [§]	_	-	-	N	N	N	N	N	
Psittacosis [§]		3	0	21	16	12	12	18	
Q fever ⁹	3	46	2	176	136	70	71	61	NE (1), MD (2)
Rabies, human	-	_	_	3	2	7	2	3	
Rubella ^{†††}	_	9	0	9	11	10	7	18	
Rubella, congenital syndrome	Miles I	_	-	1	1	_	1	1	
SARS-CoV ^{6,666}	_	_		-	_	_	8	N	
Smallpox ⁶	-	_	_	-	_	-	_	_	
Streptococcal toxic-shock syndrome®	1	23	4	104	129	132	161	118	OH (1)
Syphilis, congenital (age <1 yr)	1	51		340	329	353	413	412	TX (1)
Tetanus	-	3	1	34	27	34	20	25	
Toxic-shock syndrome (staphylococcal) [§]	_	23	2	94	90	95	133	109	
Trichinellosis	_	1		13	16	5	6	14	
Tularemia	-	3		89	154	134	129	90	
Typhoid fever	2	77	5	315	324	322	356	321	CT (1), VA (1)
Vancomycin-intermediate Staphylococcus aure		3		5	2		N	N	
Vancomycin-resistant Staphylococcus aureus	_	_	- 0	1	3	1	N	N	
Vibriosis (non-cholera Vibrio species infections)6 4	39		N	N	N	N	N	FL (2), CA (1), HI (1)
Yellow fever		-		_	_	-	_	1	

-: No reported cases.

popared weekly from reports to the imberial arrival week.

The measures cases were reported for the current week.

Data for meningococcal disease (all serogroups) are available in Table II.

No rubella cases were reported for the current week.

559 Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006 (17th Week)*

			Chlamyd	ia [†]			Coccid	ioidomyc	osis			Cryp	otosporid	iosis	
			vious	-	_			vious					vious	-	
Reporting area	Current	Med Med	Max	Cum 2007	2006	Current	Med Med	Max Max	Cum 2007	Cum 2006	Current	Med Med	Weeks Max	Cum 2007	2006
United States	10,876	19,858	23,487	302,276	326,268	100	151	649	2,556	2,919	27	69	302	741	825
New England	498	673	1,364	10,577	9,882	_	0	0	_	-	2	3	22	33	72
Connecticut	157	194	833	2,468	2,240	N	0	0	N	N		0	7	7	38
Maine ⁶ Massachusetts	34 201	47 306	73 604	831 5.286	674 4.865	_	0	0	_	_	_	0	6	7	22
New Hampshire	8	38	69	613	593	_	0	0	_	_	1	1	5	8	1
Rhode Island [§] Vermont [§]	98	63 20	108 45	1,090 289	1,089 421	N	0	0	N	N	1	0	5	5	2
Mid. Atlantic	1.534	2.533	4.164	44.177	39.908	14	0	0	14	14	_	10	33	90	135
New Jersey	126	386	541	5,132	6,345	N	0	o	N	N	_	0	1	_	9
New York (Upstate)	607	501	2,745	7,988	7,062	N	0	0	N	N	_	3	13	33	26
New York City Pennsylvania	381 420	757 805	1,541	13,785 17,272	13,525 12,976	N	0	0	N	N	_	2	12 18	15 42	34 66
E.N. Central	1,694	3,199	6,275	51,327	55,951	_	1	3	10	13	8	15	110	170	181
Illinois	632	1,010	1,259	14,039	18,030	_	0	0		_	_	2	22	17	24
Indiana Michigan	462	380 765	632 1,225	6,503 11,951	6,808 9,232	_	0	0	8	9	2	2	18	15 38	11
Ohio	506	643	3,863	13,071	14,689	_	Ó	2	2	4	3	5	33	60	66
Wisconsin	94	376	528	5,763	7,192	N	0	0	N	N	-	4	53	40	48
W.N. Central lowa	215 110	1,179	1,445	16,354 2,741	20,280 2,819	N	0	54	3 N	N	4	12	77 28	111	122
Kansas	_	149	266	2,446	2,682	N	0	0	N	N	_	1	8	13	18
Minnesota	-	241	298	3,117	4,322	_	0	54	-	-	3	2	25	31	47
Missouri Nebraska [§]	26	440 104	628 180	5,220 1,598	7,277 1,684	N	0	0	3 N	N	1	2	21 16	21	26
North Dakota	18	28	64	418	634	N	0	0	N	N		Ó	1	1	-
South Dakota	61	50	84	814	862	N	0	0	N	N	_	1	7	19	10
S. Atlantic Delaware	3,222	3,614	6,115	48,735 1,135	61,276 1,179	N	0	1	1 N	2 N	11	17	68	208	193
District of Columbia	113	71	161	1,726	963		0	0	-	-	_	0	2	3	
Florida	_	947	1,187	3,300	15,306	N	0	0	N	N	7	8	32	100	75
Georgia Maryland [§]	487	702 341	3,022 945	7,608 6,926	10,715 5,779	N	0	0	N 1	N 2		5	12	52 8	5
North Carolina	48	624	1,772	9,403	11,111	_	0	0	and the same of	-	1	0	11	13	25
South Carolina®	1,944	395	2,105	9,714	7,490	N	0	0	N	N	1	1	14	13	
Virginia [§] West Virginia	527 56	473 54	685 96	8,148 775	7,768 965	N	0	0	N	N	2	0	5	15	13
E.S. Central	1,006	1,470	2,095	25,497	25,207		0	0		-	1	3	14	40	2
Alabama ⁶	64	419	539	6,103	8,249	N	0	0	N	N	-	0	11	12	
Kentucky Mississippi	357	126 401	691 959	2,412 7,401	3,339 5.414	N	0	0	N	N		0	3 7	15	
Tennessee [§]	585	528	703	9,581	8,205	N	0	0	N	N	1	1	5	6	1
W.S. Central	1,453	2,184	3,027	35,501	36,913	-	0	1	-	-	-	5	45	29	4
Arkansas [§] Louisiana	203 52	160 317	337 610	2,843 5,125	2,661 5,794	N	0	1	N	N	_	1	9	11	
Oklahoma	_	264	473	4,076	3,399	N	0	0	N	N	-	1	4	11	1
Texas [§]	1,198	1,440	1,910	23,457	25,059	N	0	0	N	N	_	2	36	5	20
Mountain Arizona	206 80	1,273 478	2,018 993	16,973 6,387	20,848 6,331	93 93	101	296 296	1,825	2,130	_	4	40	40	3
Colorado		311	416	1,874	5,099	N	0	0	N	N	_	1	7	11	1
Idaho [§]	40	44	253	1,175	1,117	N	0	0	N	N		0	5	3	
Montana [§] Nevada [§]	12	51 107	144 397	823 2.234	781 2.032	N	0	0	N 12	27	-	0	26	2	
New Mexico§	-	179	324	2,591	3,380	-	0	3	5	6	-	0	5	6	
Utah Wyoming [§]	100	95 29	200 54	1,483 406	1,650 458	_	1 0	4	19	25	_	0	11	1 4	-
Pacific	1,048		4,069	53,135	56,003	7	53	299	717	774	1	1	5	20	2.
Alaska	54	87	157	1,326	1,336	N	0	0	N	N		0	1	_	
California Hawaii	535	2,660	3,259	41,233 1,652	43,574 1,901	7 N	53	299	717 N	774 N	-	0	0	_	-
Oregon [§]	144		394	3.057	3.215	N	0	0	N	N	1	1	4	20	2
Washington	311	350	621	5,867	5,977	N	0	0	N	N	_	0	0	_	-
American Samoa C.N.M.I.	U	0	46	U	U	U	0	0	U	U	U	0	0	U	1
Guam	-	_	_	_	_	-	_	_	_	-	-	_	-	-	-
Puerto Rico	87	118	235	2.360	1,546	N	0	0	N	N	N	0	0	N	1

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

† Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly. Chlamydia refers to genital infections caused by Chlamydia trachomatis.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006

			Giardiasi	s			_	onorrhea			Hae	All age	s influena s, all ser		sive
	-	Prev			-			vious			0		vious		
Reporting area	Current	Med Med	eeks Max	Cum 2007	Cum 2006	Current	Med	weeks Max	Cum 2007	Cum 2006	Current	Med Med	weeks Max	2007	Cum 2006
United States	139	314	1,029	4,011	4,701	3,316	6,794	8,665	96,838	110,939	33	43	144	773	761
New England	7	18	44	164	344	100	111	259	1,696	1,655	_	2	12	26	41
Connecticut	-	5	24	70	88	37	42	203	547	555	_	0	7	17	8
Maine [§] Massachusetts	1	4	14 18	44	25 159	1 42	2 48	96	23 888	40 802	_	0	4 7	5	5 21
New Hampshire	_	o	9	2	1	6	3	8	52	79	_	0	3	3	2
Rhode Island [§]	6	0	17	12	25	14	10	19	168	160	_	0	3	1	2
Vermont [§]	_	3	12	36	46		1	5	18	19	-	0	2	-	3
Mid. Atlantic New Jersey	30	66	123	727 36	964 149	360 49	676 102	1,519 156	11,578	10,668	8	10	26	184 17	168
New York (Upstate)	26	24	101	272	288	104	122	1,035	1,948	1,934	4	3	14	53	41
New York City	2	17	33	239	299	72	176	376	3,036	3,284	_	2	6	37	36
Pennsylvania	2	14	35	180	228	135	239	413	5,111	3,702	4	3	10	77	60
E.N. Central Illinois	6	42	96 27	558 82	806 182	542 182	1,291 356	2,566 485	20,620	22,193 6,621	4	6	14	81	114 36
Indiana	N	0	0	N	N		154	289	2,647	2.959	1	1	10	16	19
Michigan	2	13	38	187	229	139	313	880	5,200	3,555	_	0	5	9	15
Ohio Wisconsin	4	15	32 24	212 77	246 149	170 51	315 135	1,636	5,782 2,049	6,677 2,381	3	2	6	46	30 14
	_														
W.N. Central lowa	6	23	539 16	273 56	398 76	45 16	383	515 63	5,030	6,098 578	3	3	23	47	35
Kansas	_	3	11	35	51	_	43	87	714	756	_	O	2	4	6
Minnesota	_	0	514	12	78	4	62	87	841	1,005	3	1	17	18	13
Missouri Nebraska [§]	2	9	28	125 24	135 25	17	195 26	269 48	2,354 393	3,209 403	_	1	5 2	19	13
North Dakota	3	0	4	4	5	3	2	6	22	37	_	0	2	1	_
South Dakota	_	1	6	17	28	5	6	15	94	110	_	0	0	_	_
S. Atlantic	35	52	98	766	687	1,150	1,580	2,696	19,063	26,529	7	11	28	208	196
Delaware	1	0	4 7	8	8	29	28	44	463	483	-	0	3	5	1
District of Columbia Florida	27	1 24	44	17 362	20 284	39	36 446	63 549	735 1.564	611 7.051	3	0	2	67	64
Georgia	-	12	26	162	154	name.	348	1,539	3,159	4,874	_	2	6	53	46
Maryland [§]	2	4	12	69	45	164	117	238	2,157	2,197	_	2	5	37	28
North Carolina South Carolina [§]	1	0 2	0	20	31	822	317 167	1,026	4,873 3,959	5,547 3,382	3	0	8	18 19	15
Virginia [§]	4	9	28	120	139	88	124	238	1,938	2,137	_	o	7	1	16
West Virginia	-	0	21	8	6	8	19	44	215	247	-	0	6	6	9
E.S. Central	8	8	34	124	116	357	578	878	9,162	9,947	3	2	9	42	52
Alabama [§] Kentucky	1 N	3	22	54 N	58 N	21 137	191	271 268	2,478 845	3,761 1,151	_	0	3	8	11
Mississippi	N	0	0	N	N	137	157	434	2,607	2,008	_	0	1	2	4
Tennessee§	7	5	12	70	58	199	194	240	3,232	3,027	3	1	6	32	33
W.S. Central	1	7	26	96	46	456	960	1,483	14,604	15,599	3	1	27	41	27
Arkansas [§] Louisiana	1	3	13	44 22	21	66	81	142	1,350	1,481	1	0	2	3	2
Oklahoma	_	2	13	30	25	21	193	366 237	3,087 1,669	3,346 1,190	2	0	3 25	32	23
Texas ⁹	N	0	0	N	N	369	561	931	8,498	9,582	_	0	2	2	1
Mountain	12	31	69	381	435	32	264	455	3,234	4,478	5	4	14	106	92
Arizona		3	11	57	38	14	106	220	1,317	1,577	2	2	9	51	33
Colorado Idaho [§]	1	10	26 12	120 35	149 48	_	70	93	586 75	1,164	_	1	4	21	28
Montana [§]	_	2	11	25	22	1	3	20	32	46	_	0	Ó		_
Nevada [§]	_	2	9	26	31	_	28	135	534	704	-	0	2	5	(
New Mexico ⁵ Utah	11	6	6 27	21 85	19 122	15	30 16	65 28	443 225	563 302	3	0	2	9	13
Wyoming ⁶	_	1	4	12	6	2	2	5	22		_	0	1	1	-
Pacific	34	60	147	922	905	274	776	971	11,851	13,772	_	2	8	38	36
Alaska	1	1	17	19	11	7	10	27	137	182	_	0	2	4	
California	19	42	71	644	681	199	640	833	9,972		_	0	6	_	10
Hawaii Oregon [§]	7	9	14	132	19 123	24	14 26	30 46	198 357	357 458	_	0	6	32	10
Washington	7	8	68	106	71	43	75	142	1,187	1,354	_	0	2	-	,
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	
C.N.M.I.	U	-	-	U	U	U	_	_	U		U	_	-	Ü	l
Guam Puerto Rico	1	5	19	49	32	4	6	16	119	116	1	0	2	1	-
U.S. Virgin Islands	ú	0	0	U	U	Ű	0	3	U		Ů	0	0	Ü	-

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Curr: Cumulative year-to-date counts. Med: Median.

1 Incidence data for reporting years 2006 and 2007 are provisional.

1 Data for H. influenzae (age <5 yes for serotype b, nonserotype b, and unknown serotype) are available in Table I.

5 Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006 (17th Week)*

				is (virai, ac	cute), by typ	pe ¹		-				1.	gionellos	de	
		Previ	A				Prev	В					vious	SIS	
	Current	52 we		Cum	Cum	Current		eeks	Cum	Cum	Current		vious	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	28	55	120	753	1,235	33	79	309	1,174	1,321	18	49	107	417	414
New England	_	1	19	11	67	-	2	5	19	44	-	2	13	9	18
Connecticut	_	1	3	4	11	_	ō	5	10	21	-	ō	9	3	3
Maine ⁶	-	0	2	1	3	(Marian)	0	2	1	6	-	0	2	-	2
Massachusetts New Hampshire	_	0	1 15	3	46		0	1 2	2	13	_	0	4 2	_	10
Rhode Island§	-	0	2	3	2		0	4	5	3	_	0	6	5	_
Vermont ⁶	_	0	2	_	4	_	0	1	1	1	-	0	2	1	1
Mid. Atlantic	2	7	19	103	97	3	9	19	134	164	6	15	53	112	119
New Jersey	_	2	4	21	31	_	2	6	30	50	_	2	11	12	15
New York (Upstate) New York City	1	2 2	12 11	27 39	18 33	2	1 2	14	26 24	23 33	5	5 2	30 20	36 16	38 17
Pennsylvania	1	1	4	16	15	1	3	7	54	58	1	5	19	48	49
E.N. Central	2	6	13	71	98	4	8	19	124	150	3	10	30	81	84
Illinois	-	1	4	17	21	_	1	5	15	54	_	1	11	-	15
Indiana		0	7	5	7	_	0	17	11	9	_	1	5	5	3
Michigan Ohio	1	2	8	26 23	35 25	4	2	10	41 52	50 35	3	3	10 19	30 45	17 36
Wisconsin	_	Ó	4	_	10	_	0	3	5	2		0	3	1	13
W.N. Central	_	2	17	43	40	-	2	14	45	48	_	1	16	15	13
Iowa	_	0	1	6	3	-	0	3	8	8		0	3	1	1
Kansas	_	0	17	24	16	_	0	2	4	6 2	_	0	3	2	1
Minnesota Missouri		1	3	7	10	_	1	13	24	29	100000	0	11	8	8
Nebraska [§]		O	2	4	4		o	3	3	2	_	0	2	1	2
North Dakota		0	0	_		-	0	0		-	show.	0	0	_	-
South Dakota	-	0	2	2	5		0	1	2	1	intere	0	1	1	1
S. Atlantic	8	9	27	148	177	19	23	53	320	381	4	9	24	109	100
Delaware District of Columbia	_	0	2 5	14	4	_	0	4 2	5	14	_	0	2 5	1	1
Florida	4	3	13	54	64	11	7	14	110	140	3	3	9	51	48
Georgia		1	5 7	16	13	(400)	3	8	39	54	-	1	5	11	2
Maryland [§] North Carolina	1	1	11	22	26 40	_	2	16	28 52	54 66		2	8	22	16
South Carolina	-	0	3	4	7		2	5	25	23	-	0	2	5	2
Virginia [§]	3	1	5	30	21	3	2	5	41	13	1	1	5	7	13
West Virginia	-	0	3	1	1	5	0	23	19	13	_	0	4	3	
E.S. Central Alabama [§]	1	2	7 2	22	41	2	6	20	74	115		2	9 2	17	13
Kentucky	_	0	2	4	19	_	1	5	2	31	_	1	6	8	-
Mississippi	-	0	4	4	2	-	0	7	7	13	-	0	2	-	
Tennessee [§]	1	1	5	11	18	2	3	7	43	44	inne	1	7	8	(
W.S. Central	3	6	18	43	110	3	19	151	211	206	4	1	12	22	8
Arkansas [§] Louisiana	_	0	2	4 7	27	_	1	4 5	14	19	-	0	1 2	1	
Oklahoma	3	0	3	3	3	-	1	37	11	1	nine.	0	6	-	
Texas [§]	_	5	15	29	77	3	15	108	179	180	4	1	12	20	(
Mountain	11	5	17	107	107	-	3	9	71	47	-	2	8	26	23
Arizona	11	3	13	90	62	_	0	6	33	2	-	1	4	9	
Colorado Idaho [§]	-	1	3 2	7	17	-	0	4 2	8	11	_	0	2	5	1
Montana ⁶		0	3	1	1		0	0	10000	-		0	1	î	-
Nevada [§]		0	2	5	6	_	1	5	13	14	-	0	2	2	4
New Mexico ⁵ Utah	_	0	2	2	8	_	0	2	4 9	7 8	_	0	2	2	-
Wyoming ⁶	_	0	1	_	1	inno	0	1	_	_	_	0	1	2	-
Pacific	1	14	52	205	498	2	11	38	176	166	1	1	11	26	3
Alaska	_	0	1	1	1	_	0	3	3	1	-	0	1	_	-
California	1	12	48	184	463	2	8	26	135	130	-	1 0	11	20	36
Hawaii Oregon [§]		0	3	9	12	_	2	5	27	24	1	0	0	1	_
Washington	_	1	4	9	16	_	1	12	11	9	_	0	2	5	-
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	l
C.N.M.I.	U	_	-	U	Ü	U	_	-	U	U	U	_	-	U	l
Guam Puerto Rico	and the same of th	1	10	15	16	_	1	9	15	7	_	0	1	_	
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	Ú	U	0	0	U	-

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

1 Incidence data for reporting years 2006 and 2007 are provisional.

1 Data for acute hepatitis C, viral are available in Table I.

S Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006

			yme disea	ise				Malaria				All	cal diseas	ıps	
		Previ		_	_			ious	_	_			vious	_	_
Reporting area	Current	Med Med	Max	Cum 2007	Cum 2006	Current	52 w	Max	Cum 2007	Cum 2006	Current	Med Med	veeks Max	Cum 2007	2006
United States	41	253	1,029	1,693	1,866	9	25	50	213	339	13	19	38	354	478
New England	_	22	255	79	106	_	0	6	4	10	1	1	3	8	15
Connecticut	-	9	227	21	49	_	o	3	_	1	1	0	2	3	4
Maine [§]	return	2	39	15	22	_	0	1	3	2	_	0	3	2	2
Massachusetts New Hampshire	-	0 5	97	35	23	-	0	3	1	6	-	0	1 2	_	9
Rhode Island [§]	-	0	93	-	1	_	0	1	_	_		0	1	1	_
Vermont [§]	_	1	15	8	6	_	0	0	_	1	_	0	1	2	-
Mid. Atlantic	20	147	571	824	1,289	2	5	18	50	95	2	2	8	42	78
New Jersey	_	27	190	102	326	_	1	7	-	26	_	0	2	1	8
New York (Upstate)	10	52	392	233	516 17	2	1 2	7	15 29	8 50	2	1	4	11	13 29
New York City Pennsylvania	10	45	237	483	430	_	1	4	6	11	_	0	5	20	28
E.N. Central		10	158	19	112	1	3	10	32	44	5	2	7	46	64
Illinois	_	0	1	1	_	_	1	6	10	16	_	0	2	10	17
Indiana	_	0	3	1	3	_	0	2	1	5	4	0	4	13	8
Michigan	-	1	5	6	3	-	0	2	7	6	1	0	3	11	12
Ohio Wisconsin	_	9	5 154	9	12 94	1	0	2	6	12 5	_	0	2	12	18
	7						1	13	14	6		1		20	24
W.N. Central lowa	7	5	188	43	42 8	_	0	13	2	6	_	0	5	28	24
Kansas	_	o	2	2	_	-	0	2	-		_	0	1	1	1
Minnesota	6	2	188	32	33	_	0	12	7	2	-	0	3	8	3
Missouri	1	0	2 2	3	_	_	0	1	2	1	_	0	3	9	8
Nebraska ^ş North Dakota	_	0	0	-	1	_	0	0	2	1	_	0	1	1	5
South Dakota	-	0	1	_	_	-	0	1	1	1		0	1	1	_
S. Atlantic	14	44	135	675	279	3	5	15	53	90	1	3	9	52	84
Delaware	3	8	28	129	94	_	0	1	2	2	_	0	1	-	2
District of Columbia	1	0	7	3	7	1	0	2	2		_	0	1	_	_
Florida Georgia	-	0	3	10	7	1	1	6	14	14 32		0	7	22	34
Maryland [§]	7	21	105	431	155	1	1	4	17	12	1	Ö	2	13	5
North Carolina	_	0	4	6	8	_	0	4	4	10	_	0	6	4	14
South Carolina [§] Virginia [§]	3	0 7	2 36	88	1	_	0	2	9	15	_	0	2 2	5	40
West Virginia	_	ó	14	4	_	_	o	1	1	1	_	0	2	2	10
E.S. Central		0	4	7	2	1	0	3	10	8	2	1	4	18	16
Alabama§	-	0	3	1	1	_	0	2	1	3	_	o	2	3	5
Kentucky	_	0	2	_	-	-	0	1	1	1	_	0	1	1	4
Mississippi	_	0	1	_		-	0	1	1	2	_	0	4	4	5
Tennessee [§]	_	0	2	6	1	1	0	2	7	2	2	0	2	10	(
W.S. Central	_	1	6	10	2	-	1	7	3	15	-	1	13	36	29
Arkansas ⁹ Louisiana	_	0	1	2	_	_	0	2	1	1	_	0	2	5	
Oklahoma	_	0	0	_	-	-	0	3	1	2	_	0	4	9	
Texas [§]	10000	1	6	8	2	NAME OF TAXABLE PARTY.	1	6	1.	12	_	0	9	13	1
Mountain	_	0	4	4	3	_	1	6	11	18	***	1	4	32	32
Arizona	_	0	2	_	3	_	0	3	4	3	_	0	3	10	
Colorado Idaho [§]	_	0	2	1	=	_	0	2	4	6	_	0	2	8 2	1
Montana [§]	_	0	1	1	_	_	0	1	1	1		0	1	1	
Nevada ⁵	_	0	1	2	NAME OF THE PERSON	_	0	1	-	_	_	0	1	3	:
New Mexico ⁶ Utah	_	0	1	_	_	_	0	1 2	2	7	_	0	1	1	
Wyoming [§]	_	0	1	_	_	_	0	0	_		=	0	2	6	
Pacific	_	3	17	32	31	2	4	14	36	53	2	4	11	92	13
Alaska	_	0	1	2	-	_	0	4	2	4	_	0	1	1	19 (2)
California	_	3	14	30	31	1	2	6	26	42	2	3	9	64	8
Hawaii	N	0	0	N	N	_	0	2	_	-	_	0	2	2	
Oregon ⁶ Washington	_	0	3	_	_	1	0	3	7	4	_	0	3 5	12	2
American Samoa	U	0	0	U	U	U	0	0	U	U	U			1.5	,
C.N.M.I.	Ü	_	_	U	Ü	Ü	-	_	Ü	Ü	Ü	0	0	_	-
Guam	_	-	_	-	-	_	_	-	_	_	_	-	_	_	-
Puerto Rico U.S. Virgin Islands	N	0	0	N	N	- U	0	1	1	-U	U	0	1	3	

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

† Incidence data for reporting years 2006 and 2007 are provisional.
Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006

			Pertussi	3			Rab	ies, anim	al		Ro	ocky Mo	untain sp	otted feve	er
		Prev						vious				Pre	vious		
Reporting area	Current week	Med Med	eeks Max	Cum 2007	Cum 2006	Current week	Med S2 v	Max	Cum 2007	Cum 2006	Current week	52 v Med	weeks Max	Cum 2007	Cum 2006
United States	64	245	977	2,017	4,466	43	96	174	1,054	1,644	13	30	114	160	327
New England	wheter	16	54	75	464	7	11	25	135	189	_	0	8	-	_
Connecticut	_	2	9	15	24	5	4	14	47	40	-	0	0	-	
Maine†	_	2	15	32	23 344	1	2	8	26	28	N	0	0	N	N
Massachusetts New Hampshire	_	0 2	22 28	12	17	1	0	5	11	96	_	0	1	-	=
Rhode Island [†]	_	0	30	_	21	_	Ó	3	12	5	_	0	8	-	_
Vermont [†]	_	1	14	16	35	_	2	6	39	20	and the same of	0	0	_	_
Mid. Atlantic	10	32	159	394	539	1	16	57	121	230	_	2	7	13	19
New Jersey	-	4	12	46	122	_	0	0	_	-	-	0	2	_	5
New York (Upstate)	4	20	150	238	182	_	0	0	-		-	0	2	_	-
New York City Pennsylvania	6	9	6 22	110	235	1	16	5 56	24 97	229	_	0	3	4 9	12
E.N. Central	20	39	79	466	687	-	2	18	8	9	1	1	6	5	4
Illinois Indiana	2	9	23 37	50 11	176 54	_	0	2	3	1	1	0	4	1	
Michigan	_	10	39	102	135	_	0	5	4	8	-	0	1	1	-
Ohio	18	12	56	262	230	_	0	9	1	_	_	0	4	2	2
Wisconsin	_	3	10	41	92	-	0	0	-	_	_	0	1	-	1.44
W.N. Central	3	17	140	138	544	2	5	20	51	68	2	3	13	24	11
lowa	_	4	16	39	143	1	1	7	7	9	_	0	1	_	-
Kansas Minnesota		3	14 120	53	117 71	-	2	6	31	26 7	_	0	1 2	_	-
Missouri	_	4	10	21	142	_	1	6	3	6	2	3	12	24	10
Nebraska†	_	1	4	7	60	-	0	0	10000		-	0	5	_	_
North Dakota	3	0	9	4	4	_	0	7	6	2	-	0	0	0000	***
South Dakota	-	0	4	14	7	1	0	3	1	18	_	0	0	-0.004	
S. Atlantic	17	17	163	296	327	27	38	62	602	742	5	11	67	87	257
Delaware	1	0	1	2	2	-	0	0	-	_	_	0	3	4	4
District of Columbia Florida	2	0	18	93	3 75	_	0	18	41	176	1 2	0	1 4	5	-
Georgia	_	0	3	-	8		4	16	36	76	_	0	5	2	2
Maryland†	_	2	7	42	63	7	5	12	93	122	1	1	6	14	(
North Carolina	12	0	112	91	70	8	11	21	149	108	1	4	61	46	22
South Carolina†	_	3	11	27	49	10	3	11	35	39	_	1	5	6	3
Virginia† West Virginia	2	2	19 19	33	53	12	12	31	224	196 25	_	2	12	8	(
E.S. Central		6	24	70	85	1	4	13	28	63	5	5	27	30	24
Alabama [†]	_	1	17	21	21		1	8	20	19	2	1	9	6	20
Kentucky	_	Ó	5	1	14	1	0	4	7	4	_	0	1	_	_
Mississippi	-	0	7	7	10	-	0	1		3	_	0	1	_	-
Tennessee [†]		3	11	41	40	_	2	7	21	37	5	4	22	24	18
W.S. Central	1	16	147	92	195	2	2	34	27	249	-	1	28	_	
Arkansas†	-	1	13	2	17	1	0	5	9	9	_	0	10	-	
Louisiana Oklahoma	1	0	2	5	5 2	1	0	0	18	11	_	0	18		_
Texas [†]	-	14	134	84	171		0	29	10	229	_	0	6		
Mountain	10	36	75	399	1.072	_	3	28	25	42		0	5	1	
Arizona	2	6	30	95	205		2	10	24	37	_	0	2		
Colorado	-	8	20	102	417	-	0	0	-	_	_	0	1	-	
Idaho*	3	1	7	15	27	_	0	24	-	_	-	0	3	1	-
Montana [†]	_	1	8	15	42	_	0	2	-	3	-	0	2	_	-
Nevada† New Mexico†	_	0 2	9	13	20 29	_	0	2		2		0	0 2	_	
Utah	5	10	50	144	306		0	1	1	- Ann		0	0	_	-
Wyoming*	_	1	8	12	26	_	0	2	,0000	-	-	0	1	-	
Pacific	3	33	229	87	553	3	4	12	57	52	_	0	1	_	
Alaska	_	1	8	8	28	1	0	6	26	11	N	0	0	N	1
California	-	22	226	-	311	2	3	11	31	40	-	0	1	-	100
Hawaii	-	0 2	7	7 29	42 50	N	0	0	N	N 1	N	0	0	N	
Oregon [†] Washington	3	4	46	43	122	_	0	0		-	N	0	0	N	
										17				U	
American Samoa C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	l
Guam	_	_	_	_	_	_	_		_	_	N		_	N	i
Puerto Rico	-	0	1	_	_	-	1	6	17	32	N		0	N	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	1

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2006 and 2007 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 29, 2007, and April 29, 2006

		Si	almonello	sis		Shiga t	oxin-pro	ducing E	. coli (STI	EC)†			Shigellosi	is	
		Prev						ious					vious		
Reporting area	Current week	52 w	eeks Max	Cum 2007	Cum 2006	Current	52 w Med	Max	Cum 2007	Cum 2006	Current week	Med Med	weeks Max	Cum 2007	2006
United States	275	831	1,336	8,011	8,949	37	75	179	573	617	189	258	528	3,204	2,924
New England	4	18	82	162	831	1	2	16	23	106	_	2	14	23	126
Connecticut	-	0	68	68	503	_	0	5	5	84	-	0	8	8	67
Maine ⁶	-	2	14	29	23	1	0	8	11	3	_	0	5	12	-
Massachusetts New Hampshire	4	0	53 26	27	267	_	0	9	4	16	_	0	11	2	54
Rhode Island ⁵		2	15	25	19	_	0	2	1	1	_	0	3	1	4
Vermont ⁶	-	1	6	13	8	_	0	4	2	2	_	0	2	_	1
Mid. Atlantic	38	99	194	1.096	1.066	3	8	62	68	73	1	13	48	137	261
New Jersey	_	19	50	54	211	_	1	16	1	21	_	3	34	13	78
New York (Upstate)	27	28	93	354	210	3	3	14	30	21	1	3	43	35	76
New York City Pennsylvania	2	24 30	50 67	277 411	293 352	_	0	4	5 32	8 23	-	5	14	68 21	77 30
	39	103	198	945	1.284	5	9	59	70	97	6	23	68	164	304
E.N. Central Illinois	29	26	61	120	369	_	1	7	5	15	_	10	50	19	106
Indiana	7	15	55	146	140	_	1	8	5	11	2	2	17	20	42
Michigan	6	18	35	184	221	1	1	6	14	21	_	2	5	10	72
Ohio Wisconsin	26	23 17	56 27	308 187	326 228	4	3	18	35 11	24 25	4	4	14	79 36	51 33
	25		109	637	595	5	11	45	78	81	61		76		242
W.N. Central lowa	25	46	26	94	105	-	2	38	12	13	64	42	14	560 18	242
Kansas	and the same	7	16	96	89	_	0	4	6	2	_	2	11	9	26
Minnesota	10	11	60	151	136	2	3	26	30	31	2	5	24	84	23
Missouri	14	15	35	210	166	1	3	13	18	24	61	14	68	526	131
Nebraska ⁹ North Dakota	_	3	9 5	34	59	2	0	11	12	8	_	0	14	6	26
South Dakota	_	3	11	44	34	_	0	5	_	3	1	6	24	13	23
S. Atlantic	79	226	395	2.459	2.091	11	12	32	153	96	72	70	143	1,165	698
Delaware	_	2	10	22	23	_	0	3	4	1	_	0	2	4	_
District of Columbia Florida	56	95	4 176	1.057	19 950	3	0	1 8	46	16	1	36	5	757	3
Georgia	50	34	66	408	287	3	1	7	16	16	67	24	76 54	318	300 248
Maryland [§]	9	14	32	175	91	3	2	9	28	8	1	1	10	23	17
North Carolina	2	29	130	377	373	_	2	11	23	21	_	1	14	19	65
South Carolina [§] Virginia [§]	3	19	55 58	187 193	142 182	5	0	11	33	31	1 2	0	10	17 22	48
West Virginia	1	1	31	32	24	_	0	5	1	-	_	0	2	1	17
E.S. Central	24	53	138	523	463	3	4	21	28	43	10	12	75	226	192
Alabama [§]	7	9	70	128	147	1	0	5	5	4	8	4	66	87	38
Kentucky	8	9	23	123	94	1	1	12	9	12	_	2	15	29	100
Mississippi Tennessee ⁵	9	12 17	62 32	62 210	91 131	1	0	9	14	27	2	1	45 14	45 65	26
W.S. Central Arkansas [§]	13	84 14	186 45	319 100	735 234	2	3	52	31	28	23	38	192	318 36	375
Louisiana	_	17	42	94	71	-	0	1	_	_	_	3	24	57	8
Oklahoma	6	9	40	89	61	1	0	17	8	2	1	2	9	16	28
Texas ⁹	_	46	107	36	369	1	2	48	18	24	16	31	174	209	312
Mountain	21	52	87	627	615	4	8	36	64	64	7	26	87	201	227
Arizona Colorado	8	18	45 30	242 143	175 170	1	2	13	25	17	5	11	35	104	118
Idaho ⁶	2	3	9	37	41		1	8	4	10	1	0	15	30	32
Montana [§]	_	2	10	28	33	-	0	0	-	_	_	0	13	9	
Nevada ⁹		4	20	46	43	_	0	5	4	10	-	1	20	11	24
New Mexicos Utah	9	5	15 14	46 65	56 77	3	1	5	9	5	1	2	15	25	3
Wyoming [§]	2	0	4	20	20	_	0	3	-	1	_	0	19	12	14
Pacific	32	116	306	1.243	1,269	3	5	24	58	29	6	32	94	310	499
Alaska	_	1	5	22	28	N	0	0	N	N	-	0	2	6	
California	12	89	218	956	949	_	0	5	31	N	3	28	81	244	37
Hawaii Oregon [§]	1 2	4 7	16 17	58 75	73 118	_	0	3	3	17	_	1	3	12 15	5
Washington	17	11	83	132	101	3	2	22	15	8	3	2	13	33	4
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	1
C.N.M.I.	U	-	-	Ü	Ü	U	-	-	U	U	ŭ	_	_	Ŭ	i
Guam Puerto Rico	3	14	65	121	75	N	_	_	N	84	_	-	_	_	-
U.S. Virgin Islands	U	0	0	131 U	75 U	U	0	0	U	U	U	0	6	5 U	1

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum. Incidence data for reporting years 2006 and 2007 are provisional. Incidence data for reporting years 2006 and 2007 are provisional. Incidence data for reporting years 2006 and 2007 are provisional. Incidence E. coli O157:H7; Shiga toxin-positive, are group non-0157; and Shiga toxin-positive, not serogrouped. Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006

	Stre	ptococcal	disease,	invasive, g	roup A	Strept	ococcus p	neumoniae Age <5 yea	e, invasive e	disease [†]	
Reporting area	Current	Prev 52 w Med		Cum 2007	Cum 2006	Current		vious veeks Max	Cum 2007	Cum 2006	
Inited States	70	88	217	1,729							
					2,167	28	24	93	502	453	
lew England Connecticut	6	2	21 17	54 22	74	_	1	4	10	21	
Maine		0	2	7	8	_	0	0 2	_	-	
Massachusetts	-	Ö	5	_	56	_	0	4		21	
New Hampshire	1	0	9	15	3		Õ	4	6	_	
Rhode Island [§]	_	0	6	-	4	_	0	3	3	_	
/ermont [§]		0	2	10	3	_	0	1	1	_	
Mid. Atlantic	22	17	39	347	447	3	3	20	45	72	
New Jersey	_	2	6	28	77	_	0	4	_	24	
New York (Upstate)	16	5	26	132	135	3	2	14	45	48	
New York City Pennsylvania	6	3	9	71	86		0	3	-		
		6	11	116	149	N	0	0	N	N	
N. Central	7	15	31	290	490	4	6	14	79	132	
llinois ndiana	3	4	11	63	153	_	1	6	9	33	
ndiana Michigan	1	2	12 10	45 74	53 107	_	0	10	8	17	
Ohio	3	4	14	108	118	1 3	1	5 7	34 27	31 29	
Visconsin	_	1	6	-	59	_	Ó	2	1	29	
W.N. Central	2	4	32	120							
owa	2	0	0	139	156	1	2	10	45	35	
Cansas	_	0	3	19	34	_	0	3	3	9	
Minnesota	_	0	29	60	67	1	1	6	26	12	
Missouri	1	2	6	41	28	_	0	3	12	8	
Nebraska [§]	-	0	2	7	16	_	0	2	3	4	
North Dakota South Dakota	1	0	2	9	6	_	0	1	1	2	
	_	0	2	3	5		0	0	-	-	
S. Atlantic	15	20	42	423	421	8	2	11	100	22	
Delaware	_	0	2	1	4	- Administration	0	0	_		
District of Columbia Florida	5	6	16	4	4	_	0	1	_	-	
Georgia	_	5	11	101 94	101 112	5	0	5	26 31	_	
Maryland ⁶	5	4	10	77	51	3	1	6	30	17	
North Carolina	-	0	26	51	61	_	0	O	_		
South Carolina ⁵	1	1	5	33	31	-	0	3	9	_	
Virginia [§]	3	2	10	55	49	_	0	1	2	_	
West Virginia	1	0	6	7	8	-	0	3	2	5	
E.S. Central	5	4	11	71	95	1	0	6	29	6	
Alabama [§]	N 1	0	0	N	N	N	0	0	N	N	
Kentucky Mississippi	N	0	4	17 N	26 N	_	0	0	_	-	
Tennessee [§]	4	3	7	54	69	1	0	2	27	6	
W.S. Central											
Arkansas [§]	8	6	61	120 11	166 14	7	4	39	95	71	
Louisiana	_	0	2	3	2	_	0	2	7	12	
Oklahoma	2	2	5	38	52	1	1	12	22	16	
Texas [§]	5	3	56	68	98	6	2	24	48	41	
Mountain	4	12	42	245	287	4	4	12	87	91	
Arizona	2	5	34	101	149	4	2	7	54	54	
Colorado	_	3	9	67	49	_	1	4	19	21	
daho ⁶		0	1	6	5	_	0	1	2	1	
Montana [§]	N	0	0	N	N	N	0	0	N	N	
Nevada [§] New Mexico [§]	-	0	6	19	1 57	-	0	1	1	16	
Utah	2	1	7	48	24	_	0	4	11	15	
Nyoming [§]	_	o	1	3	2	_	0	0	-	_	
Pacific	1	3	9	40	31		0		10	2	
Alaska	1	0	2	9	N	_	0	4 2	12 10	3	
California	N	O	2	N	N	N	0	0	N	N	
Hawaii	_	2	9	31	31	_	0	2	2	3	
Oregon [§]	N	0	0	N	N	N	0	0	N	N	
Washington	N	0	0	N	N	N	0	0	N	N	
American Samoa	U	0	0	U	U	U	0	0	U	U	
C.N.M.I.	U	-	-	U	U	U	-	_	U	U	
Guam	_	_	-	-	-	N	-	-	N	N	
Puerto Rico U.S. Virgin Islands	U	0	0		-	N	0	0	N	N	
U.S. VII'QIN ISIANGS	U	0	0	U	U	U	0	0	U	U	

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

Incidence data for reporting years 2006 and 2007 are provisional.

Incidence cases of invasive pneumococcal disease, in children aged <5 years, caused by S. pneumoniae, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).

Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006 (17th Week)*

		Str			oniae, inva	sive disease					0	shille	man: ac	d seconda	2004
			All ages					<5 years	S		Syp			a secona	ary
	Current	Prev 52 w		Cum	Cum	Current	Previ		Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	31	43	242	939	1,046	6	6	32	137	142	91	182	262	2,570	2,864
iew England	_	1	7	21	14	_	0	1	2	2	9	4	13	65	64
Connecticut	-	0	0	_	atestina	_	0	0	-	_	2	0	10	8	15
Maine ⁶	-	0	2	4	3	_	0	1	1	1	5	0	7	39	34
Massachusetts New Hampshire	_	0	0	_	_	_	0	0	_	_	2	0	2	7	5
Rhode Island [§]	_	0	4	8	3	_	0	1	1	_	_	0	5	9	5
/ermont ⁶	-	0	2	9	8	_	0	1	_	1	_	0	1	1	2
Mid. Atlantic	_	3	8	62	60	_	0	5	14	9	31	24	44	517 57	361 59
New Jersey New York (Upstate)	_	0	0	21	17	_	0	4	7	4	4	3	14	41	51
New York City	_	o	ō	-	_	_	0	0	_	_	22	15	35	342	170
Pennsylvania	_	2	6	41	43	_	0	2	7	5	5	5	12	77	81
E.N. Central	20	10	40	244	237	4	1	7	29	40	3	15	32	172	294
Illinois Indiana	3	0 2	30	3 51	8 49	2	0	5	5	11	_	6 2	13	35 15	167 26
Michigan	_	ő	3	-	9	_	0	1	-	1	2	2	10	39	28
Ohio	17	5	38	190	171	2	1	5	23	25	_	4	9	67	60
Wisconsin	N	0	0	N	N	-	0	0	_	_	1	1	4	16	13
W.N. Central	_	1	124	40	17	=	0	15	5	1	_	5	13	50	79 6
lowa Kansas	_	0	1	4	_	_	0	0	_	-	_	0	3	7	9
Minnesota	-	0	123	-	_	-	0	15	_	-	_	0	5	21	19
Missouri	_	1 0	6	30	17	_	0	2	3	1	_	3	9 2	21	43
Nebraska [§] North Dakota	_	0	Ó	_	_	_	0	0	_	-	_	0	1	-	_
South Dakota	_	0	3	4	_	_	0	1	2	_	-	0	3	_	_
S. Atlantic	10	21	54	442	578	2	3	8	66	50	13	41	136	446	610
Delaware	_	0	1	3	17	_	0	0	1	2	1	0	11	3	9
District of Columbia Florida	5	11	29	254	268	2	0 2	8	60	47		13	23	68	228
Georgia	_	6	17	157	254	_	0	1	_	1	_	6	105	20	54
Maryland [§]	-	0	1	1		_	0	0	_	_	4	5	15	102	108
North Carolina South Carolina		0	0	_	_	_	0	0	_	=	4	5	23	107 29	100
Virginia [§]	N	o	0	N	N	_	0	0	_	-	4	4	17	66	47
West Virginia	5	1	17	23	39	_	0	1	5	_	-	0	2	2	1
E.S. Central	1	2	7	56	83	_	0	3	10	16	8	14	29	243	195
Alabama [§] Kentucky	N	0	0	N 12	N 21	_	0	0	1	3	5	5	17 7	82 29	90
Mississippi	_	o	0	_	_	_	0	o	_	_	_	1	8	33	20
Tennessee ⁹	1	2	7	44	62	_	0	3	9	13	6	6	12	99	57
W.S. Central	_	1	7	50	9	_	0	2	5	3	24	29	56	485	446
Arkansas ⁹	=	0	3 2	17	5	_	0	0	2	2	2 5	6	7	37 101	28 62
Louisiana Oklahoma	_	0	6	32	5	_	0	2	3	_	_	1	5	27	23
Texas [§]	_	0	0	_	_	_	0	0	_	_	17	21	31	320	333
Mountain	-	1	5	24	48	_	0	5	6	21	_	8	27	83	142
Arizona	_	0	0	-	_	_	0	0	william	_	=	3	16	29	59
Colorado Idaho§	N	0	0	N	N	_	0	0	_	_	_	0	5	5	24
Montana [§]	_	0	0	_	-	_	0	0	_	animal	-	0	1	1	1
Nevada [§]	_	0	3	13	12	_	0	2	3	_	_	1	12	19	32
New Mexico [§] Utah	=	0	0	8	21	_	0	0	2	15	_	1 0	5	24	21
Wyoming ⁶	-	0	3	3	15	_	0	2	1	6	_	Ö	1	1	_
Pacific	_	0	0	-	_	_	0	0		_	3	37	54	509	673
Alaska	-	0	0	_	-	-	0	0	_	-	-	0	2	4	5
California Hawaii	N	0	0	N	N	=	0	0	_	=	2	34	51	457	585
Oregon [§]	N	0	0	N	N	_	0	0	_	-	_	0	6	5	
Washington	N		0	N	N	_	0	0	_	-	1		11	42	69
American Samoa	U	0	0	U	U	U	0	0	U	U	U		0	U	L
C.N.M.I. Guam	U	_	-	U	U	U	-	_	U	U	U	_	-	U	L
Puerto Rico	N		0	N	N N	_	0	0	_	_	9	2	11	42	50
U.S. Virgin Islands	Ü		0	U	Ü	U	0	0	U	U	Ŭ		0	Ü	Ĭ.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

† Incidence data for reporting years 2006 and 2007 are provisional.

† Incidence data for reporting years 2006 and 2007 are provisional.

† Incidence data for reporting years 2006 and 2007 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2007, and April 29, 2006

Reporting area		Varios	ella (chici	(ennov)		West Nile virus disease¹ Neuroinvasive Non-neuroinvasive³									
		Neuroinvasive Previous								asive ⁶					
	Current	Prev 52 w Med	eeks Max	Cum 2007	Cum 2006	Current		veeks Max	Cum 2007	Cum 2006	Current	52 v	vious veeks	Cum	Cum
United States	653	794	1,496	15,176	18.583		0	178	2007	9	week	Med	Max	2007	2006
New England	7	21	74	231	496					9	-	1	399	-	2
Connecticut	_	0	0	231	490	_	0	3	_		-	0	2	_	-
Maine ¹	_	1	17	_	111	_	0	0	_	_	_	0	1	_	-
Massachusetts	_	0	1	-	92	_	0	1			_	0	1	_	_
New Hampshire Rhode Island ⁹	7	6	43	88	27	_	0	0	_	-		0	0	_	-
Vermont ⁹	_	10	0 66	143	266	_	0	0	-	_	_	0	0	_	_
						_	0	0	-	_	_	0	0	_	-
Mid. Atlantic New Jersey	57 N	105	193	1,914	2,171	-	0	11	_	_	_	0	4	_	_
New York (Upstate)	N	0	0	N	N	_	0	2	-	_	_	0	1	_	-
New York City	_	0	0	_		_	0	4	_	_	_	0	2	_	
Pennsylvania	57	105	193	1,914	2,171	_	0	2	_	_	_	0	1	_	_
E.N. Central	177	228	568	4,506	7,196	nine.	0	43							
Illinois	_	1	10	54	44	_	0	23	_	_	_	0	33 23	-	
Indiana	-	0	0	_	-	_	0	7		_	_	0	12	-	-
Michigan	50	89	258	1,746	2,091	_	0	11		_	_	0	2	-	_
Ohio Wisconsin	127	122 17	449	2,289	4,477	-	0	11	_	-	_	0	3	_	_
	-		64	417	584	_	0	2	-	-	_	0	2		-
W.N. Central	31	30	136	869	953	_	0	36	-	-	-	0	79	-	
lowa Kansas	N	0	0 52	N	N	-	0	3	_	-	_	0	4	_	-
Minnesota	_	0	0	335	167	_	0	3	-	_	_	0	3	_	
Missouri	18	15	78	409	739	_	0	14	_	_	-	0	7 2	_	_
Nebraska ¹	N	0	0	N	N	-	O	9	-	_	_	0	38	-	
North Dakota		0	60	84	18	_	0	5	_	_	_	O	28	_	
South Dakota	13	1	15	41	29	_	0	7		_	-	0	22	_	_
S. Atlantic	63	85	211	1,752	1,952	_	0	2	_		_	0	7		_
Delaware	_	1	6	11	38	_	0	0	-	_	_	0	Ó	_	_
District of Columbia Florida	43	0	5	40.4	14	_	0	0	2000	_	_	0	1	_	-
Georgia	N N	0	42	484 N	N	-	0	1	_	-	-	0	0	-	-
Maryland [¶]	N	0	0	N	N	_	0	2	_	_	_	0	4	_	-
North Carolina	_	0	0	_	-	-	0	1	_	_	_	0	2	_	_
South Carolina®	6	22	72	515	530	_	0	1	-	-	_	o	0	_	-
Virginia [¶] West Virginia	14	25	177	237	620	_	0	0	-	-	-	0	2	_	_
		25	56	505	750	_	0	1	_	_	_	0	0	-	-
E.S. Central	6	5	43	134	34	_	0	15	-	3	_	0	16		-
Alabama [¶] Kentucky	6	5	43	132	34	_	0	2	_	_	_	0	0	_	_
Mississippi	N	0	0 2	N 2	N	_	0	2	-	_	_	0	1	_	_
Tennessee ¹	N	o	ō	N	N	_	0	10	-	3	_	0	16	-	-
W.S. Central	295	200	966	4,623					-	_	_		2	_	-
Arkansas¹	233	9	92	171	4,398 356	_	0	58	-	4	_	0	26	_	2
Louisiana	_	1	11	41	31	_	0	13	_	_	_	0	2	_	1
Oklahoma	_	0	0	-	_	_	0	6	-	-		0	4	_	1
Texas ¹	295	172	873	4,411	4.011	_	0	38	_	4	_	0	16	-	1
Mountain	17	55	105	1.127	1.383	_	0	61	-	2	-	1	228	THE PARTY OF THE P	
Arizona	-	0	0	-	_	_	0	9	_	_	_	0	15	_	_
Colorado	-	22	51	417	712	-	0	10	_	2	-	0	51	_	_
Idaho [¶] Montana [®]	N	0	0 26	N 153	N	-	0	30	_	-	_	0	157	-	-
Nevada ¹	-	0	3	153	4	-	0	3	_	_	_	0	8	_	-
New Mexico ¹	-	4	19	123	262	_	0	1	_	_	_	0	16	_	_
Utah	17	18	65	421	393	_	0	8	_	-	_	0	17	_	_
Wyoming ¹	_	0	11	13	12	-	0	7	-		_	0	10	_	20000
Pacific		0	9	20	-	_	0	15	2000	_	-	0	51		
Alaska	-	0	9	20	N	_	0	0	_	_	_	0	0	_	
California	-	0	0	_	N	_	0	15	-	-	_	O	37	-	_
Hawaii Oregon [¶]	N	0	0	- A.	-	_	0	0	_	-	_	0	0	_	_
Washington	N	0	0	N	N	-	0	2	_	-	_	0	14	MARKET.	-
						_	0	0	-	_	-	0	2	-	_
American Samoa C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	0	_	_	U	U	U		_	U	U	U	_	_	U	U
Puerto Rico	2	12	24	176	199	_	0	0	_			0	0	-	_
U.S. Virgin Islands	Ū	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
Incidence data for reporting years 2006 and 2007 are provisional.
Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

Reporting Area				y age (ye					All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I ^t Tota
lew England	578	410	410 108 38 14 8 66 S. Atlantic		S. Atlantic	1,339	819	329	116	42	33	65			
oston, MA	133	83	31	7	8	4	16	Atlanta, GA	66	36	17	8	3	2	-
ridgeport, CT	39	30	4	4	1	_	1	Baltimore, MD	147	74	48	14	8	3	13
ambridge, MA	14	13	-	1	-	_	-	Charlotte, NC	118	74	33	6	4	1	1
all River, MA	17	12	3	5	-	_	4	Jacksonville, FL	312	199	72	22	11	8	1
lartford, CT	58	40	12	4	1	1	11	Miami, FL	132	82	30	14	4	2	
owell, MA	29	20	7	2	_	_	4	Norfolk, VA	51	27	13	5	1	5	
ynn, MA	15	9	4	2	_	-	2	Richmond, VA	59	35	14	6	2	2	
lew Bedford, MA	28	21	6	1		_	7	Savannah, GA	66 53	52 25	10 17	2 5	3	3	
lew Haven, CT	46	30	11	3	2	2	5	St. Petersburg, FL	215	134	52	23	3	3	1
rovidence, RI	64	47	11	4 2	_	2	5	Tampa, FL	107	71	21	10	2	3	
omerville, MA	5	20	2	3	1	1	3	Washington, D.C. Wilmington, DE	13	10	21	1	_	_	
pringfield, MA	46	33	8	1	1	1	5			100	-				
Vaterbury, CT	24	19	5	2	1		3	E.S. Central	800	532	187	42	25	14	5
Vorcester, MA	60	52						Birmingham, AL	160	111	36	6	5	2	1
fid. Atlantic	2,410	1,667	518	132	52	41	135	Chattanooga, TN	84	60	15	8	_	1	
Ibany, NY	51	26	14	7	3	1	1	Knoxville, TN	71	41	21	5	2	2	
llentown, PA	22	16	5	_	1	-	-	Lexington, KY	71	51	14	3	1	2	
uffalo, NY	78	46	26	3	1	2	8	Memphis, TN	153	95	46	6	4	2	
amden, NJ	33	18	10	1	1	3	-	Mobile, AL	68	48	14	4	2	_	
lizabeth, NJ	18	12	3	2	1	-	3	Montgomery, AL.	38	21	10	1	4	2	
rie, PA	57	39	13	2	2	1	6	Nashville, TN	155	105	31	9	7	3	1
ersey City, NJ	15	11	2	2	_	_	1	W.S. Central	1.543	1.004	371	94	32	42	1
lew York City, NY	1,114	797	238	51	20	8	45	Austin, TX	91	49	23	11	1	7	
lewark, NJ	72	34	19	7	2	10	5	Baton Rouge, LA	40	30	8	2	_	_	
aterson, NJ	20	8	10	1	1	-	-	Corpus Christi, TX	56	41	7	6	-	2	
hiladelphia, PA	469	310	94	37	15	13	26	Dallas, TX	196	122	51	12	6	5	
ittsburgh, PA®	37	29 32	6 7	1 2	1	_	5	El Paso, TX	192	144	34	9	5	_	
leading, PA	- 4	116	26	6	3	3	8	Fort Worth, TX	138	92	35	4	1	6	
Rochester, NY	154 14	11	3	0	3	_	0	Houston, TX	326	190	89	23	11	13	
Schenectady, NY Scranton, PA	30	26	2	2	_	_	1	Little Rock, AR	57	33	17	2	1	4	
	124	88	29	6	1	_	20	New Orleans, LA ¹	U	U	U	U	U	U	
Syracuse, NY Frenton, NJ	21	14	5	2	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	San Antonio, TX	229	161	48	11	6	3	
Utica, NY	14	13	1	-	_		1	Shreveport, LA	109	77	26	4	-	2	
Yonkers, NY	26	21	5	_	_	_	1	Tulsa, OK	109	65	33	10	1	_	
					6.2			Mountain	1,216	807	259	91	28	29	1
.N. Central	2,242	1,464	545	128	51	54	137	Albuquerque, NM	172	111	44	12	3	2	
Akron, OH	53	36	13	1	2	1	3	Boise, ID	73	52	15	5	_	1	
Canton, OH	47	32 244	15	-	11	10	3	Colorado Springs, CO	111	81	22	7	_	1	
Chicago, IL. Cincinnati, OH	409 97	56	118	26	3	10	34 17	Denver, CO	93	54	28	6	1	4	
Cleveland, OH	233	168	46	10	3	6	4	Las Vegas, NV	273	180	60	26	3	4	
Columbus, OH	209	127	57	13	6	6		Ogden, UT	31	24	2	3	1	1	
Dayton, OH	135	92	29	6	4	4		Phoenix, AZ	179	99	39	17	12	10	
Detroit, MI	163	96	54	9	3	1	7	Pueblo, CO	40	27	11	1	1	-	
Evansville, IN	34	24	4	5	1		1	Salt Like City, UT	120	84	18	8	5	5	
Fort Wayne, IN	77	55	13	4	_	5		Tucson, AZ	124	95	20	6	2	1	
Gary, IN	23	6	11	2	1	3		Pacific	1,398	983	283	82	28	22	
Grand Rapids, MI	54	35	11	5	_	3		Berkeley, CA	11	8	3	_	_	_	
ndianapolis, IN	217	139	48	14	9	7		Fresno, CA	64	49	13	_	2	_	
Lansing, MI	52	36	13	1	-	2		Glendale, CA	U	U	U		U	U	1
Milwaukee, WI	100	65	27	4	2	2	2	Honolulu, HI	81	55	19	4	2	1	
Peoria, IL	61	43	10	7	_	1	5	Long Beach, CA	54	39	8	4	3	_	
Rockford, IL	43	35	3	3	1	1	1	Los Angeles, CA	U	U	U	U	U	U	1
South Bend, IN	50	37	9	3	1	_	1	Pasadena, CA	57	42	12	2	_	1	
Toledo, OH	120	83	25	7	4	1	8	Portland, OR	147	96	32		4	6	1
Youngstown, OH	65	55	8	1	_	1	3	Sacramento, CA	190	127	46		3	4	
W.N. Central	584	387	128	36	17	15	41	San Diego, CA	150	101	30		1	5	į.
Des Moines, IA	57	49	6	2	- 17	10	6	San Francisco, CA	110	78	27	4	1	_	
Duluth, MN	23	17	6	~	-		. 2	San Jose, CA	183	139	25		2	1	
Kansas City, KS	21	12	6	2	1			Santa Cruz, CA	35	24	9		1	-	-
Kansas City, MO	120	82	25	6	3	4		Seattle, WA	135	91	28		3	3	
Lincoln, NE	27	19	6	2	_	-	. 2	Spokane, WA	62	45	12		2	1	
Minneapolis, MN	54	24	16	6	3			Tacoma, WA	119	89	19	7	4	-	
Omaha, NE	67	48	14	3	1	1		Total	12,110**	8.073	2,728	759	289	258	8 7
St. Louis, MO	91	47	24	9	7	5		. 0001	16,110	0,010	2,720	100	200	2.00	
St. Paul. MN	59	45	12	2	-	-	. 9								
Wichita, KS	65	44	13	4	2	:									

Wichita, KS 65 44 13 4 2 2 3

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

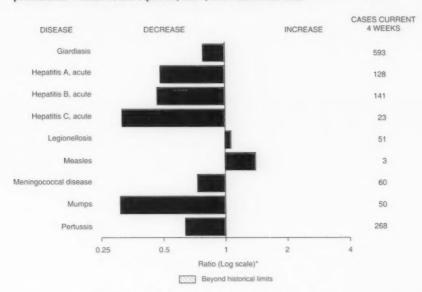
† Pneumonia and influenza.

† Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

† Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals April 28, 2007, with historical data



^{*} Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

Deborah A. Adams
Willie J. Anderson
Lenee Blanton

Rosaline Dhara
Vernitta Love
Pearl C. Sharp

The Morbidity and Mortality Weekly Report (MMWR) Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, send an e-mail message to listserv@listserv.cdc.gov. The body content should read SUBscribe mmurtoc. Electronic copy also is available from CDC's Internet server at http://www.cdc.gov/mmur or from CDC's file transfer protocol server at fip://fip.cdc.gov/pub/publications/mmur. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly MMWR are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the MMWR Series, including material to be considered for publication, to Editor, MMWR Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to www.mmunq@cdc.gov.

All material in the MMWR Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to MMWR readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in MMWR were current as of the date of publication.

&U.S. Government Printing Office: 2007-623-038/41023 Region IV ISSN: 0149-2195

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300
RETURN SERVICE REQUESTED

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

ATLANTA, GA 30333

93036
PROQUEST INFORMATION & LEARNING
PERIODICALS ACQUISITION
PO BOX 1346
ANN ARBOR, MI 48106-1346

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284

